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THE JOURNAL

OF THE

KANSAS MEDICAL SOCIETY

VOLUME III

JUNE-DECEMBER, 1903

EDITED FOR THE SOCIETY BY

GEORGE HOWARD HOXIE, A. M., M. D.,

LAWRENCE, KANSAS
1903

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The Journal

OF

The Kansas Medical Society.

Published Monthly by The Kansas Medical Society.

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The new editor makes his bow. The floods interrupted communications so that the manuscripts reached him too late for the Journal to appear at the regular date. He regrets this more than the readers do, for he wished that the first number be faultless. But it isn't, and the succeeding numbers can be so only through the heartiest co-operation of his fellow members. Therefore he awaits anxiously the first evidences of such co-operation.

As soon as the new editor can get hold of the files he will prepare an index for the last volume.

Our readers will greatly facilitate the work of the editor if they will send him newspaper clippings, or items written up by themselves, regarding events of interest to the profession in their localities. A little time—a little sense of the value of co-operation—and a few cents for postage will make this *their* Journal an interesting and helpful visitor.

The Kansas Medical College has been bought up by Washburn university and will be called the medical department of Washburn university. For the present, however, the medical faculty will remain intact, possess autonomy, and Dr. Minney will remain Dean.

On May 8 and 9 there was held in Chicago a conference of university, college and medical school men relative to the correlation of the studies preparatory to a degree in medicine. The very calling of the conference shows the demand of the country for physicians who are thoroughly educated and cultured. It shows also that the physician of the future must possess at least the essentials of a college course. One of the noteworthy speeches was that of Dr. R. McE. Schauffler of Kansas City pleading for a college course preparatory to the medical school. Incidentally this speech showed the fear of the indepeer-dent medical schools of going to the wall unless something is done to check the present movement toward the university training of medical students. His conclusion was that the medical schools should allow advanced standing to graduates of literary institutions only when their courses had embraced the same studies as those given in the first two years of the medical school.

The American Academy of Medicine discussed this same subject at Washington on May 11 and 12. Here also there seemed to be a feeling that a medical man should have at the very least two years of the college eourse.

We in Kansas may congratulate ourselves therefore that the University of Kansas in providing a six years course from the high school to the degree of M. D. has registered simply the demand of the country and made it possible for the next generation of Kansas physicians to be college bred men.

An editorial in the May issue of *Medicine* calls attention to the fact that many of the most important discoveries in the medical world have been made by scientists and laboratory students rather than by practitioners. Thus the Roentgen rays and the compound microscope are the work of theorists or students of pure as contrasted with applied science. On the other hand Virchow and cellular pathology belong rather the workers in applied science; here also belongs Lister and his coworkers. Therefore we must ever keep in mind the duality of medicine—at once a science and an art. We should be grateful then for the great universities which have made medicine one of their departments; for it ensures, without detracting from the practical and clinical instruction, scientific foundations whereon the coming generation of practitioners may erect superstructures befitting the characteristics of their localities and *clienteles*. And even for the seasoned practitioner a return to first principles and to the demonstrations of the laboratory will often prove refreshing, invigorat-

ing and helpful in clearing away the mists of tradition and rules o'thumb

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The Census Office is sending out pamphlets to physicians in the effort to induce them to become uniform in their statements in the record of vital statistics. This uniformity is necessary if the record of vital statistics is to be of any use whatever. At the present time our statistics are of little value in formulating conclusions regarding the public health,—for records of value we must go to Germany, Switzerland or France and these of course will not apply in detail to American conditions. This has been the chief weakness of American text books,—they have no native statistics to rely on. The difficulties in the way of uniformity lie, first, in the physician's ignorance of the developement of pathological classifiications in these last years; and second, in the careless happy-go-lucky attitude which, though the foe of medical progress, has all to great control among practitioners. We trust that the Kansas physicians will read this census literature and will endeavor to make their returns accurate and intelligible.

Dr. McClung, Professor of Embryology at the University of Kansas, would like to receive from the physicians of Kansas such specimens of foetal life as may fall into their hands. We commend the request to the favorable attention of our readers, because by strengthening the work of this department of the University we shall advance by just so much the medical sciences.

Dr. G. W. Jones of Lawrence is erecting a hospital which he intends to throw open to the profession for common use. This is the second hospital in Lawrence.

Dr. J. W. Ekblad of Scandia has put in a static machine for general and X-Ray work.

On April 20 nine physicians of Manhattan met and organized a medical society. We hope to give the details of their work in our succeeding numbers.

THE Methodist church papers will no longer print medical advertisements. We ought everyone of us for the time being to become Methodists. At any rate we ought to show our feeling in the matter. Patent medicines and church papers ought not be *participes criminis*.

TWENTY physicians of Reno County met at Hutchinson, May 20 and organized with the following officers: Dr. S. H. Sidlinger, Hutchinson, president; Drs. C. Klippel, Hutchinson, and W. H. Bauer, Sylvia, vice-presidents; Dr. C. Mayfield, Hutchinson, secretary; Dr. A. S. Cone, Hutchinson, asst. secy.; Dr. W. V. Tucker, Huntsville, treasurer.

THE *Philadelphia Medical Journal* has been sold to the *New York Medical Journal*. In 1897 Dr. George M. Gould originated the *Philadelphia Medical Journal* in order to establish a high class independent weekly—one the policy of which was not dictated by commercialism or politics. In 1900 owing to a disagreement with the lay stockholders Dr. Gould was dismissed and a new board of editors appointed. Dr. Gould immediately founded *American Medicine*, a paper which has only medical men as stockholders and one which should strive to uplift and benefit in every way the profession. Apparently Dr. Gould's protest has succeeded and the compromise sought by the *P. M. J.* people has failed.

E. P. STEARNS, M. D., Eclectic Medical Institute, Cincinnati, 1858, assistant surgeon in the Civil War, died recently at his home in Newton, Kans.

BENJAMIN R. MOSHER, M.D., American Medical College, St. Louis, 1891, died at his home in Kinsley, Kans., May 2, aged 73.

GOVERNOR BAILEY has appointed to the State Board of Medical Examiners: C. C. Raines of Concordia vice H. W. Roby of Topeka; and N. L. Jones of Norton vice J. H. Hamme of Cottonwood Falls.

CANCER AND THE X-RAY.

A very satisfactory discussion of this topic appears in the May issue of the *Yale Medical Journal* from the pen of Dr. M. M. Johnson

of Hartford, Conn. His advice regarding carcinoma mammae is noteworthy:—

"In the treatment of carcinoma of the breast, especially if it be an advanced case, the X Ray should be used from four to six weeks, after which the breast should be amputated and the operation followed as soon as possible by the use of the X-Ray." The amputation prevents toxaemia from the broken down cells and the secondary use of the Roentgen ray prevents metastasis.

Dr. Johnson puts the patient in recumbent posture for treatment with the X Ray and uses rubber cloth as protective. His opinion of the value of the treatment is hopeful for its permanency.

DISPENSE OR PRESCRIBE?

We wish that our readers would express their opinions on this important matter and give as concisely as is consistent with completeness their reasons and experience.

In favor of dispensing has been mentioned (1) the certainty of furnishing the drug desired (no substitution is possible), (2) the convenience and saving of money for the patient, and (3) it favors the prejudices of patients familiar with the ways of sectarian medical attendants.

In favor of prescribing may be noted that (1) it puts a double check on the drug and dosage, thus preventing disastrous errors, (2) it permits a greater range in the choice of drug and form of preparation, and (3) it frees the physician from becoming a druggist and from the commercialism thereby engendered.

As arguments against prescribing may be mentioned (1) the danger that the prescription may be used oftener and for other people than was intended, and (2) the very disloyal conduct of the druggist in pushing the sale of patent medicines and in prescribing over the counter. Add to this fact that in many communities qualified and honest pharmacists are not to be had and the mass of argument against prescribing compells the physician even against his will to dispense.

Is not the logical conclusion, either that the state step in and rigidly control the practice of pharmacy as in continental Europe, or that each physician set up a pharmacy of his own and work independently of the people now called druggists?

ORVIETAN OR THERIAC.

BY L. E. SAYRE,

Dean of the School of Pharmacy and Professor of Materia Medica in the School of Medicine of the University of Kansas.

In Parkman's recent history of LaSalle and the discovery of the great west 1680 we learn of a most marvelous remedy which a priest belonging to LaSalle's party had brought with him from France. This remedy is named "Orvietan."

Hennepin, the priest above mentioned, when he was a prisoner among the Indian tribes made himself useful in various ways. It is stated that he shaved the heads of the children, as was the custom of the tribe, bled certain asthmatic persons, dosed others with Orvietan, the famous panacea of his time, of which he had brought with him a good supply. It is said at one time the whole camp was threatened with starvation, three white men who were prisoners could get no food but unripe berries, from the effects of which Hennepin thinks they might have all died but for timely doses of his Orvietan.

A dog was bitten in the jaw by a snake; he gave him a little of the preparation as an antidote and it cured the animal. A sow came home one day with her head so swelled that she could hardly hold it up. Thinking it must have been some snake bite, a dose of the wonderful preparation was given mixed with meal and water. The patient began to mend at once. Naturally enough we are curious to know what was the composition of this wonderful agent "Orvietan."

We have taken the pains to look up the term. We find that the term "Orvietan" is applied to that old French preparation known as Treacle or Theriac. The archaic term Orvietan is no longer used but it is interesting to note that this old name Treacle or Theriaca has not as yet become entirely obsolete. Still I find among pharmacists a difference of opinion as the meaning of the term. Some claim that Treacle implies simply molasses, others that it applies to a kind of confection of opium. The fact is, the term treacle is applied to at least three or four different things. First to syrup obtained in refining sugar, but distinguished from molasses. The term molasses is often loosely applied, however, to this syrup. Second, the evaporated juices of certain plants, as the sap of birch is also called Treacle. But the medicinal Treacle is a confection or electuary of various ingredients considered as an antidote for poisons. The ancient Venice Treacle was a common name for a supposed antidote against all poisons.

In the composition of the Treacles there was always present nu-

merous aromatics and pungent substances; hence we have common botanical names living, such as the following: Treacle Mustard, applied to several plants of the mustard family; Treacle Worm-Seed (*Erysimum chieranthoides*), also of the mustard family; Treacle Wort, the Penny Cress. The French word Theriaque applies to a Treacle antidote against bites of venomous animals, which contains opium; a preparation which is the ancestor of our very simple confection of opium. The Mexican Pharmacopoeia contains the following preparation.

Triaca, Theriaca.

Gentian	40 parts
Ginger	20 "
Valerian	20 "
Anise	20 "
Cardamom	20 "
Pepper	20 "
Cinnamon	20 "
Myrrh	10 "
Saffron	10 "
Opium	10 "
Ferrous Sulphate	10 "

Mix these powders with moderately warm honey 720 parts, and add Sherry wine 40 parts. The mixture contains approximately one per cent of opium.

This preparation is doubtless a lineal discendant of the "Electuaire Theriacal" of the French pharmacopoeiea of earlier date. The recent French Codex, page 388, contains a formula for this preparation, which consists of fifty-six ingredients, many of them being unfamiliar to American Pharmacy, but we find crude opium contained in it to the extent of over one per cent. and a very large number of aromatics of different classes, numerous bitters among which is the white agaric. Among the resins we find olibanum opoponax and benzoin. Not least surprising among the ingredients we also find a small percentage of asphaltum.

*ANESTHETICS AND ANESTHESIA.

B. F. MORGAN, M. D., CLAY CENTER, KANSAS.

It occurs to me that the person by whom the programme for this meeting was arranged, must have been influenced by a fear that the proceedings would prove too much of a physical as well as a mental strain upon you to be endured without the aid of an anesthetic, and therefore placed my paper first, as this subject is always the first consideration when a severe surgical ordeal is to be borne. But if I am able to conclude my remarks without producing complete anesthesia I shall consider myself fortunate indeed.

My object in choosing this subject for the title of my paper is not for the purpose of giving my views as to the best and safest anesthetic to use in given cases, to advocate the employment of any one of the general anesthetics now in use, or to give more than an outline of my method of administration, but to bring before the members of this Society, if possible, the fact that my subject is one which has not and does not receive the attention from the medical profession which it deserves.

That the administration of the anesthetic is in many cases the only danger to be encountered, will not be denied, and while we may not have had deaths resulting from its administration in our own practice we should be very careful not to lose sight of the fact that death is liable to occur from its use at any time, and do all in our power to lessen even the remote danger there may be in its employment.

We have all seen death occur in our practices from conditions of the vital organs, which might be, and are, produced by the inhalation of chloroform or ether;—deaths from vascular tension and cardiac excitement have been almost daily occurence as far back as we have any history of death and its causes, and yet it is a daily practice with us to produce artificially these same conditions with chloroform and ether without paying much of any heed to the effects of the drug employed, or to the manner of its administration.

The selection of an anesthetic for any given case has not been reduced to an exact science; one surgeon prefers chloroform while another declares it dangerous, and uses ether; another says that either one alone is dangerous, and that by combining the two we escape the greatest dangers of each.

I am not personally acquainted with ethyl chloride as a general anesthetic, though it seems to find favor with a great many operators. Nitrous oxide alone, or in combination with ether, is rapidly growing

*Read before the 37th annual meeting of the Kansas Medical Society at Concordia, May 7, '03.

in favor and is no doubt a very satisfactory anesthetic. We know, however, that it also has its dangers, and since the apparatus necessary for its administration is too bulky to be made practical for country work, and can only be used in hospitals with operating amphitheaters, I will confine my remarks to the administration of chloroform and ether.

Are mixtures of chloroform and ether safe? Do we know when we are giving them in combination that our patient is getting them in the same proportion that the mixture is supposed to represent? They vaporize at different temperatures, and some peculiar idiosincracy of the patient may render one drug more easily absorbed than the other and the anesthetist be totally at sea as regards the amount of either one that is being absorbed.

It seems that each operator is influenced in his selection of an anesthetic by his personal prejudices or the results of accidents that may have occurred in his own practice; even commissions appointed for the purpose of showing the effects of the various anesthetics have given us nothing definite, and their reports have been more of a conglomeration of individual opinion and experience than scientific deductions based upon facts that would be of any benefit to the medical profession.

I wish here to say a word in regard to the much discussed question as to whether or not a sleeping person can be anesthetised without waking. Some years ago I attended the trial of a man who was charged with murder, having, it was alleged by the prosecution, produced chloroform narcosis and death, without waking the victim. He was cleared of the charge by the testimony of eight or ten of the most eminent physicians of that state, which went to show that it was an impossibility to produce anesthesia in this way.

A year ago I chloroformed a sleeping boy, the son of a member of this society, without waking him from a disturbed sleep, and a foreign body was removed from the larynx. Less than thirty days ago I was equally successful with a little girl—her tonsils were removed and she put back to bed without having been awakened. She does not know to this day that her tonsils are gone, as she is very much afraid of a doctor and her parents do not wish to frighten her.

In six weeks attendance upon the operations done in one of the principal hospitals of New York city, I did not see chloroform upon the table of the anesthetist, or in the operating room; ether was used exclusively. While practicing in Denver I did not once give ether, nor did I see it administered; chloroform was used there exclusively. I used it myself because it was the only safe anesthetic to use there, and one of the leading surgeons told me that if, from the employment

of ether as an anesthetic a patient were to lose his life, the anesthetist would, and should, be held criminally liable, and a finding by a jury to that effect would be endorsed by the profession.

Coming back to Kansas City, we find the two drugs often used in combination, though each one is much used there independently of the other; and in my own practice I have often combined them, with seemingly good effect.

It is true that altitude has much to do with the danger of ether in Denver, or any other place where the altitude is great, yet the altitude does not lessen the danger of chloroform. Embly says, "The respiration should be watched by the anesthetist as it is an index to the circulation; since after the primary period respiration only fails owing to a fall in blood pressure."

The surgeon who prefers ether tells us that chloroform depresses the heart's action, that when the heart stops, all is lost; while ether stimulates the heart, and while it may cause a suspension of respiration the function can—in most cases—be easily established by artificial means. The surgeon who favors chloroform points us to the report of the "Hyderabad Commission," which says that after making extensive and elaborate experiments upon animals, death due to chloroform is always through paralysis of the respiratory center," therefore, if we stimulate the respiration the heart will be found doing its work.

After a choice of anesthetic has been made, the anesthetist should have a Sleich Inhaler, one with a curved edge, or trough, which will not allow the agent used to saturate the gause and drip on to the patient's face. If this inhaler is used there is no need of anointing the face with oil or vaseline. He should have also the Esmarch dropper or a grooved cork that will allow the anesthetic only to drop, a pair of tenaculum forceps for grasping the tongue, a pair of long slender dressing forceps with small sterilized sponges for wiping the mucus from the patient's throat and mouth, tears of amyl nitrite, a hypodermic syringe loaded with one twentieth gr. strychnine sulphate, and an infusion apparatus with normal salt solution at a temperature of 112 degrees Fahrenheit.

The anesthetist should be alone with his patient if possible; if he cannot he should insist upon absolute quiet being maintained in the room until the stage of excitement is safely passed. I always talk to my patient briefly, telling him that I will give him the anesthetic exactly right, that I will not give it too fast, but if he thinks I am doing so at any time he will be at perfectly liberty to turn his face away, as I do not want him to experience too much of a sensation of

choking; that I do not want him to breathe either faster, slower, or more deeply than is his usual want, but to make himself as comfortable as possible and breath naturally.

In most articles written on this subject we are told to hold the inhaler from four to six inches away from the face to begin with, gradually bringing it nearer until it rests upon the face. I am not in sympathy with this idea, because when one starts with the inhaler any distance removed from the face it will frighten the patient to find it being brought nearer. I prefer to lay the inhaler upon the face *dry*, waiting a moment to accustom him to its presence, and then to drop the anesthetic on just as I want it. There is another good reason for this, viz: with the inhaler four to six inches from the face it is an impossibility to judge of the amount of the agent your patient is getting, and you may be either giving too much or perhaps none at all. By following the above suggestions I have been able in most cases to produce surgical anesthesia without any visible excitement, the patient going into profound anesthesia without any noticable muscular movement, except in cases of habitual alcoholics.

I consider *absolute quiet* the bark in which we can safely row our patient over the dangerous stream of *Excitement*.

Do not let anyone touch your patient until he is thoroughly anesthetised, for I have repeatedly seen in my own experience instances where apparently to those looking on anesthesia was complete, and yet the moving of the clothing or dressing from the field of operation would cause the most violent exertion and excitement, and then the only thing to do was to push the anesthetic, thereby endangering the patient's life.

How are we to know when our patient is ready for the operator? I consider the slowing of the heart's action, and the moderate contraction of the pupil the best signs. When the heart becomes slower and the breathing more regular as well as slower, lift the eyelid and if the pupil does not readily respond to light you are ready for the operator to begin. I have known this to fail in but three cases, and they were all three cases of Exophthalmia. I do not think the practice of touching the cornea with the tip of the finger to be either sanitary or humane. Do not be deceived into thinking your patient is "coming out" when there is muscular movement from deep reflexes, as this is very easily produced in operations about the anus or when the ovary is grasped or manipulated by the surgeon, and if this is not properly understood the anesthetic will probably be pushed up to and perhaps beyond the danger limit.

The danger signs are, sudden dilation of the pupils, sighing, irreg-

ular or intermittent pulse, paleness or cyanosis, suspension of respiration, etc. If your patient stops breathing or the pulse is suddenly found to be very weak and jerky, or worse still, not evident at all, lower the head, grasp the tongue, kept it stretched, begin artificial respiration—not over twenty to the minute—and keep it up if necessary for at least twenty-five minutes, give inhalations of amyl nitrite. Do not depend upon strychnia at this time, for it is too slow and should be used only when there is weakened heart's action *without* the loss of blood. In case of much hemorrhage use the salt solution and remember the strychnia may do harm.

Waller says, "Death is nearly always due to unskilled administration and that is the administration of an overdose."

When we consider the power of the drugs we are administering, and that it is the usual practice to use them indiscriminately, allowing them to be given by undergraduates, poorly trained nurses, and sometimes even by druggists, should we not be frightened at our assurance, and called to account should death result from its employment?

Some time ago I sent to one of the principal medical-book publishing houses asking for Buxton *On anesthesia* which they advertised; they replied that they would send it to me as soon as they could import it, since they did not carry it in stock. I then wrote to a surgeon who has a national reputation, and with whose name you are all familiar, asking him if he knew of a good work on anesthesia, and particularly if Dr. Bennett had written anything of the kind. His answer to these questions I quote entire: "Dr. Bennett has an article on anesthesia in the Reference Hand Book; the next best I know is Buxton *On anesthesia*." Can you comprehend the significance of this deplorable state of affairs? A physician who is endeavoring really to learn something in regard to this subject, and with a medical library in his office of more than six hundred volumes, is nevertheless unable to find more than an "article", written by perhaps the best authority we have on this subject, and is compelled to wait two or three months for "the next best thing" to be imported!

While attending a post-graduate school a few years ago, all the knowledge I was able to gain on this subject was that ether was considered the safer anesthetic, and therefore it was used. They simply gave the amount necessary to produce the desired effect, and paid no more attention to it. It was always administered by an interne, who gave it because he had to and it was one of the steps necessary to a probationer, and anesthetizing was looked upon by him only as a disagreeable duty which came as a natural step in the evolutionary pro-

cess, which was to result later on in his being able to handle the scalpel.

When my Alma Mater handed me my diploma I knew the chemical formula of chloroform, how it was manufactured, and for what it was generally used, and that it would produce anesthesia, and sometimes death, and I doubt if one out of ten here knew more than that at the same period of their medical careers. As only a few can, or want to, take positions in hospitals, after their graduation, the majority have no opportunity to study this subject after leaving school, and practically their only way of posting themselves is by their personal observation and experience.

How many men who are giving anesthetics today have had the proper training in this line under the personal direction of a skilled anesthetist, before they took up the inhaler and took human life into their (unskilled) hands?

The advancement made in surgery in the last half century is, and should be, the pride of every physician, and foremost in making this wonderful advancement possible was the discovery and use of anesthetics. Chloroform and ether are the greatest boons given to suffering humanity, and without them surgery would still be in its swaddling clothes. They have been in use but fifty-four years, but see what they have accomplished. They have also been abused for fifty-four years; they have been administered well, indifferently, badly and criminally. Of what use is surgery to a suffering patient when by its use his life is to be placed in peril and perhaps sacrificed by the unskilled administration of an anesthetic?

There is, and can be, no speciality of so much importance to the afflicted, or to the surgeon and his reputation, as the proper administration of anesthetics. A good engineer is fearful of collision or a broken rail, a good navigator of rocks and sunken reefs, and a good anesthetist is very much afraid of an anesthetic. Chloroform and ether are called safe, they are *not;* you cannot put any patient under the iufluence of either one without encountering an element of the most extreme danger.

The statistician has for 1902 reported the deaths from anesthesia in one of our cities, and classified them as follows:

First. Cases in which the anesthetic was blamed because no other cause was recognized.

Second. Cases in which the effect of the anesthetic on organs already weakened by disease hastened the inevitably fatal result.

Third. Death due to an improper administration.

This last class has a record of seven deaths, and the probabilities

are that it was "counted out" in several cases which rightly belonged to it. All these could have been saved had the man who took these lives in his hands properly understood his business.

How can a better understanding of an approach to efficiency in this line by the profession generally, be brought about? There is but one way and that is by bringing the importance of this branch before the profession at every opportunity, and by impressing upon those who have charge of our medical colleges and hospitals the fact that anesthetics is one of the most important and vital branches of medical and surgical learning, and that when they graduate a man and attach the title of "M. D." to his name they virtually vouch for his proficiency in all medical lines, and guarantee to the community in which he may take up his work that he is as thoroughly equipped in all branches of his profession as it is possible for him to become under their tutelage. And if he is not both theoretically and pratically informed in this important branch the faculty has failed in the discharge of its whole duty to him, and is guilty of a certain degree of misrepresentation to his *clientele*.

Dr. J. B. Whitney says, "The study of anesthetics, and their administration should be added to every medical college curriculum; the theory of anesthesia, its physiology, pharmacology, and practice should be taken up; every medical student during his course of study should have practical training under a skilled anesthetist. The time is not far distant when this specialty will obtain the recognition due to it, and the trained anesthetist will occupy a position commensurate with the importance of his work."

DISCUSSION.

Dr. Chamberlain (Topeka): I do not like to see a paper like this passed over without some discussion. I want to compliment the doctor on his most excellent paper, and the manner in which he has handled this important subject. It is gratifying in this stage of medical advancement to know that the subject of anesthesia is becoming elevated to the position of a specialty, and that instead of placing this important duty in the hands of the inexperienced undergraduate as was formerly the case, when the patient was literally drowned in ether, the anesthetist of today must have a special training in this line. This is evidenced by the fact that in New York City all the leading hospitals employ only trained anesthetists, while the inexperienced tyros are relegated to the annals of the past. I have a record book at Christ's Hospital, brought there from a hospital in Salt Lake City in which a record is made of a case where 33 ounces of ether was used. Think of it—33 ounces at one operation! No wonder that chloroform and ether were given a "black eye" under the old methods of administration! I think it is a generally recognized fact, however, that in the

majority of the fatal cases it is not the anesthetic, but the anesthetist, that kills.

With an experience along this line of over 400 cases at Christ's Hospital, I have found the Bennett inhaler very satisfactory in every way, but, as the doctor says in his paper, it is too bulky to handle in general practice. I find that with these advanced methods of administration, anesthesia is becoming reduced to such an exact science, that it is possible to gauge it in such a manner as to produce a wonderful saving, whereas under the old regime so much needless waste was entailed. I had a letter from an anesthetist in a Philadelphia hospital recently, where the Bennett inhaler is used, in which he says that the immense saving of the anesthetic used paid for the apparatus in one month.

The preliminary use of nitrous oxide to initiate deep or surgical anesthesia does away with much of the struggling, and the amount to be used is simply enough to get the patient fairly under. I have had a number of cases which gave indications of kidney lesions, and have found nitrous oxide very satisfactory, as the shortness of time required for the anesthetic to get in its work makes it very desirable where the kidney is affected.

We use ethyl bromide in minor operations. It is an exceedingly rapid anesthetic, and requires about a minute to produce deep narcosis. I have not seen ethyl chloride used. I must again compliment the doctor upon his most excellent paper, and the manner in which he handled his subject.

Dr. Reynolds: A very excellent paper, and it should not be passed by without wide discussion. One point especially should be emphasized, and that is the undue haste which some operators exhibit in the administration of an anesthetic. They make the patient breathe deeper and faster than is their wont to do, thus increasing their nervousness and struggling This is a mistake and it occurs to me that this practice should be set aside. My advice is *for the anesthetist to use the anesthetic which he*—unless there exists a special contraindication —*is accustomed to using* and to quiet and calm the patient, having him breathe as naturally as possible; this will many times save the struggling, the broken glasses, and the general confusion sometimes resulting. I believe that faulty technique in administration is one of the prime factors in the danger arising from the anesthetic, and that many of the fatalities arise from the fact that the operator has not been used to administering the drug he employs.

Dr. Lyman (Manhattan): It always seems to me that the first thing to do—especially with women—but then, men are as scared as women—is to calm and quiet their fears by telling them to be perfectly at their ease, that there is nothing to be frightened at, and for them to breathe as quietly and naturally as possible. This hurrying is all a mistake. Chloroform is my anesthetic, and have given a good deal in dental work for the dentists. In regard to nitrous oxide I will say that notwithstanding the fact that I have never had any very serious results from it, yet it scares me nearly to death every time I give it, and if some of the patients haven't looked as if they were just ready to "step over," then my glasses deceived me. In giving chloroform for dental work you have got to attend right to your work—it is like the man attending to his toboggan on the toboggan slide—he must be on the alert and watch closely. There is just time for the dentist to do his work—then let patient expectorate the blood, and give it to him again. I have been giving chloroform for over 40 years. I re-

member in the old days how I gave chloroform for the amputation of a foot. The case was that of a young man—powerfully built; we gave him all that we could get into him, still he was not happy. Finally the surgeon said, "You hold the other foot, and we'll take this one off anyhow." And we did it—and that was the kind of anesthesia they had in those days. Of course the chloroform was not so pure as that now used. My advice would be to *give carefully*—have the patient breathe naturally—attend strictly to your part of the program, and nothing else—and the fatalities *arising from operations* will grow wonderfully less.

Dr. Goddard (Leavenworth): There was one point in the doctor's paper that I was in hope would be brought out, and that was the effect of the anesthetic upon the kidney. Of course I have heard of a good many cases lately that have *died from operations*—but in my opinion they practically died from acute nephritis, induced by the anesthetic. Whether or not this be true, is, of course, a matter for dispute. I remember when I was at school at Bellevue there was a great fight going on in New York city about the relative merits and demerits of chloroform and ether. Professor Sayre would use nothing but chloroform. His competitors would give nothing but ether.

We witnessed many operations that were performed under ether—and afterwards we saw them—*in the morgue.* Of course *the operations killed them.* Prof. Sayre's point was that the chloroform was to be given with a total exclusion of air—using the smallest amount possible to produce the effect desired. I have seen operations performed under chloroform anesthesia in which there was less than a drachm used—an operations lasting over a half hour.

Dr. Morgan: I don't know as I have anything further to say. When I graduated from college no instruction whatever was given in anesthesia—I did not know anything about it. I have tried to make a study of it since that time, but find it mighty hard work. Even today too little attention is paid to this important subject in our medical colleges. It seems to me that the importance of this matter should be impressed upon our medical colleges, and a special chair instituted, so that students might receive instruction along this line, and become as proficient as possible before they are graduated. As a rule the whole rank and file of graduates turned out by colleges have received no instruction whatever in the use of an anesthetic, and the only possible way for them to get their instruction is by practice upon the cases which come up in their regular work, with the result, perhaps, that lives are sacrificed recklessly and ignorantly. It rests with the medical college to bring about the needed reform along this line, and I trust that it will not be long until this subject shall hold as important a place upon the college curriculum, and the requirements as great, as any of the important and necessary branches of medical study.

OFFICERS AND COMMITTEES OF THE KANSAS MEDICAL SOCIETY FOR 1903-4.

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Sixth District—Andrew Sabine, Garden City.

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The Starch Poultice.—Walker directs it to be made as follows: One teaspoonful of boric acid is added to four tablespoonfuls of cold water starch and mixed with a little water. A pint of boiling water is then stirred in and the jelly which results is spread on cloth in a layer about half an inch thick. When cool a piece of muslin is laid over it and is applied to the part. Excellent for the removal of crusts and as a soothing agent.—*Denver Medical Times.*

(Concluded from May issue.)

PRINCIPLES OF MEDICAL ETHICS.

ARTICLE IV.—DUTIES OF PHYSICIANS IN CASES OE INTERFERENCE.

Section 1.—Medicine being a liberal profession, those admitted to its ranks should found their expectations of practice especially on the character and extent of their medical education.

Sec. 2—The physician, in his intercourse with a patient under the care of another physician, should observe the strictest caution and reserve; should give no disingenuous hints relative to the nature and treatment of the patient's disorder, nor should the course of conduct of the physician, directly or indirectly, tend to diminish the trust reposed in the attending physician.

Sec. 3—The same circumspection should be observed when, from motives of business or friendship, a physician is prompted to visit a person who is under the direction of another physician. Indeed, such visits should be avoided, except under peculiar circumstances; and when they are made, no inquiries should be instituted relative to the nature of the disease, or the remedies employed, but the topics of conversation should be as foreign to the case as circumstances will admit.

Sec. 4.—A physician ought not to take charge of, or prescribe for, a patient who has recently been under the care of another physician, in the same illness, except in sudden emergency, or in consultation with the physician previously in attendance, or when that physician has relinquished the case or has been dismissed in due form.

Sec. 5.—The physician acting in conformity with the preceding section should not make damaging insinuations regarding the practice previously adopted, and, indeed, should justify it if consistent with truth and probity; for it often happens that patients become dissatisfied when they are not immediately relieved, and, as many diseases are naturally protracted, the seeming want of success, in the first stage of treatment, affords no evidence of a lack of professional knowlege or skill.

Sec. 6.—When a physician is called to an urgent case, because the family attendant is not at hand, unless assistance in consultation is desired the former should resign the care of the patient immediately on the arrival of the family physician.

Sec. 7.—It often happens, in cases of sudden illness, and of accident and injuries, owing to the alarm and anxiety of friends, that several physicians are simultaneously summoned. Under these circumstances courtesy should assign the patient to the first who arrives and who,

if necessary, may invoke the aid of some of those present. In such a case, however, the acting physician should request that the family physician be called, and should withdraw unless requested to continue in attendance.

Sec. 8—Whenever a physician is called to a patient of another physician during the enforced absence of that physician the case should be relinquished on the return of the latter.

Sec. 9—A physician, while visiting a sick person in the country, may be asked to see another physician's patient because of a sudden aggravation of the disease. On such an occasion the immediate needs of the patient should be attended to and the case relinquished on the arrival of the attending physician.

Sec. 10—When a physician who has been engaged to attend an obstetric case is absent and another is sent for, delivery being accomplished during the vicarious attendance, the acting physician is entitled to the professional fee, but must resign the patient on the arrival of the physician first engaged.

ARTICLE V.—DIFFERENCES BETWEEN PHYSICIANS.

Section 1.—Diversity of opinion and opposition of interest may, in the medical as in other professions, sometimes occasion controversy and even contention. Whenever such unfortunate cases occur and cannot be immediately adjusted, they should be referred to the arbitration of a sufficient number of impartial physicians.

Sec. 2.—A peculiar reserve must be maintained by physicians toward the public in regard to some professional questions, and as there exist many points in medical ethics and etiquette through which the feelings of physicians may be painfully assailed in their intercourse, and which can not be understood or appreciated by general society, neither the subject-matter of their differences nor the adjudication of the arbitrators should be made public.

ARTICLE VI.—COMPENSATION.

Section 1.—By the members of no profession are eleemosynary services more liberally dispensed than by the medical, but justice requires that some limits should be placed to their performance. Poverty, mutual professional obligations, and certain of the public duties named in Sections 1 and 2, of Chapter III, should always be recognized as presenting valid claims for gratuitous services; but neither institutions endowed by the public or by the rich, or by societies for mutual benefit, for life insurance, or for analogous purposes, nor any profession or occupation, can be admitted to possess such privilege.

Sec. 2.—It can not be justly expected of physicians to furnish cer-

tificates of inability to serve on juries, or to perform militia duty; to testify to the state of health of persons wishing to insure their lives, obtain pensions, or the like, without due compensation. But to persons in indigent circumstances such services should always be cheerfully and freely accorded.

Sec. 3.—Some general rules should be adopted by the physicians in every town or district relative to the minimum pecuniary acknowledgment from their patients; and it should be deemed a point of honor to adhere to these rules with as much uniformity as varying circumstances will admit.

Sec. 4—It is derogatory to professional character for physicians to pay or offer to pay commissions to any persons whatsoever who may recommend to them patients requiring general or special treatment or surgical operations. It is equally derogatory to professional character for physicians to solicit or to receive such commissions.

Chapter III.—The Duties of the Profession to the Public.

Section 1.—As good citizens it is the duty of physicians to be very vigilant for the welfare of the community, and to bear their part in sustaining its laws, institutions and burdens; especially should they be ready to co-operate with the proper authorities in the administration and the observance of sanitary laws and regulations, and they should also be ever ready to give counsel to the public in relations to subjects especially appertaining to their profession, as on questions of sanitary police, public hygiene and legal medicine.

Sec. 2.—It is the province of physicians to enlighten the public in regard to quarantine regulations; to the location, arrangement, and dietaries of hospitals, asylums, schools, prisons and similar institutions; in regard to measures for the prevention of epidemic and contagious diseases; and when pestilence prevails, it is their duty to face the danger, and to continue their labors for the alleviation of the suffering people, even at the risk of their own lives.

Sec. 3.—Physicians, when called on by legally constituted authorities, should always be ready to enlighten inquests and courts of justice on subjects strictly medical, such as involve questions relating to sanity, legitimacy, murder by poision or other violent means, and various other subjects embraced in the science of medical jurisprudence. It is but just, however, for them to expect due compensation for their services.

Sec. 4.—It is the duty of physicians, who are frequent witnesses of the great wrongs committed by charlatans, and of the injury to health and even destruction of life caused by the use of their treat-

ment, to enlighten the public on these subjects, and to make known the injuries sustained by the unwary from the devices and pretentions of artful impostors.

Sec. 5.—It is the duty of physicians to recognize and by legitimate patronage to promote the profession of pharmacy, on the skill and proficiency of which depends the reliability of remedies, but any pharmacist who, although educated in his own profession, is not a qualified physician, and who assumes to prescribe for the sick, ought not to receive such countenance and support. Any druggist or pharmacist who dispenses deteriorated or sophisticated drugs or who substitutes one remedy for another designated in a prescription, ought thereby to forfeit the recognition and influence of physicians.

Miscellaneous.

Injections of Solutions of Sodium Iodide in Rheumatism and Allied Complaints.—Dr. N. S. Poliansky finds that injections of a five per cent. solution of sodium iodide gives excellent results in the treatment of rheumatism, sciatica, lumbago, etc. He has been using this method for over two years in a number of cases, and cites several examples in which the action of this mode of administering iodides is shown. He concludes from a study of the subject, that in all cases in which sodium iodide was used the effects were permanent, so that the patients who have remained under observation have had no relapses. No other treatment was given from the beginning in all the cases so treated, and the injections were easily borne, painless, and not complicated by any unpleasant effects. Sodium iodide is therefore a remedy of such value in the treatment of rheumatic affections that it may be recommended for extensive use.—*New York Medical Journal.*

Treatment for Rhus Poisoning.—In treating cases of rhus poisoning, says Dr. H. J. Birkenhauer, in the *Eclectic Review*, I have the affected parts washed off with soap and lukewarm water; then I have them cover the affected parts with strips of muslin or linen which have been soaked in the following solution:

℞ Ammonia muriate ..... ℥ iv
Aqueous ext. hamamelis ..... ℥ xvj

The cloths to be kept wet with this solution and covering the part all the time.

I have them take internally the following:

℞ Fld. ext. rhus tox.....gtt. x
Aqua.....q. s. ad. ℥ iv
M. Sig. Teaspoonful every hour.

Bowels are moved freely with a saline, preferably citrate of magnesia.

This treatment has never failed me. The local application is cooling, and relieves the itching very quickly; as a rule the first application gives relief, and the bullæ shrivel up and dry within twenty four hours. If the bullæ are very large and contain very much fluid, before making the application I just give them a small snip with a scissors, just sufficient for the fluid to escape, being careful to catch the escaping fluid on some absorbent cotton, or some soft cotton or linen cloth, so that it does not touch the healthy skin. After all irritation and inflammation has left the skin, I have my patient take a bath, and then allow the loosened layer of skin to peel off as it will after the new layer has formed beneath.—*Medical Summary.*

For Burns.—Dr. G. F. Little, of Brooklyn, states that in limited area burns of the third degee, the combination of orthoform with an antiseptic is of especial comfort to the patient as it relieves the pain often for twenty-four hours:

℞ Orthoform
Aristol..... aa ℥ j
Acid boric..... ℥ j

In this form it is dusted upon the surface; if preferable the orthoform may be applied as a 20 per cent. ointment.

It is claimed, I believe, that the drug is non-toxic and may be applied to large surfaces, but in this direction I have not had experience. —*Medical Summary.*

For Urticaria.—Two grains of the salicylate of sodium every hour or half hour in a teaspoonful of water will cure the most obstinate cases of urticara, except those of chronic nature.—*Chicago Clinic.*

For Sciatica.—Kuhn states that deep injections of antipyrin, at a point midway between the great trochanter and the tuberosity of the ischium, will relieve the pain of sciatica.—*Medical Record.*

The Journal

OF

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If members of the auxiliary societies do not receive the Journal, it is because their officers have not handed their names to the Editor. Will those readers of this notice who know of fellow members thus slighted please ask them to send their protests in at once?

ALCOHOL AND DIGESTION.

Dr. Richard F. Chase of Boston after making some experiments with beer and whiskey taken at meal time decides to disagree with Hobart Hare who claims that alcohol accelerates digestion. Dr. Chase experimented with three persons whose stomachs had been shown by tests to be normal. He used only small quantities and under conditions as normal as possible in order to demonstrate the real value of alcoholic beverages with meals. Salivary digestion was delayed by whiskey and slightly accelerated by beer. Peptic digestion on the other hand was delayed by whiskey and still more by beer. He says therefore, "Thus it would seem that liquor, taken as a beverage with meals, exercises on the whole only a harmful influence, while in cases of gastric disease its use is not followed by any beneficial results." On the other hand Dr. Chase shows that tea and coffee do not impair digestion in any way, but act rather as mild stimulants. Those interested in the subject should read the original article in the *Philadelphia Medical Journal* for June 6, 1903.

THE WICHITA JOURNAL PROTESTS.

We reprint the following from the May issue of the *Wichita Medical Journal* simply to show the members of our society the standards held up for us by those on the outside. Below we print a correction of the statements of fact on which our esteemed critic bases his opinion, and also a hypothesis as to the cause of his bad humor.

"A copy of the Constitution and By-Laws, which appear in this issue of The Journal, could not be prepared for transmission to the Secretary of the K. M. S. before the annual meeting at Concordia, so that no official notice was sent, and the [1] State Society therefore could not act on the resolution of the South Kansas to be auxiliary to the Kansas Medical Society, and no action can be taken until the 1904 meeting at Topeka. It is hoped that all the old members who may be in arrears as to dues may revive their membership and many new members join the South Kansas, so that when we are admitted to the State Society we may take in at least 200 members and assist that Society to take on the proportions which properly belong to it, instead of remaining, both as to numbers and location, a district society.

"With increasing membership it is to be hoped that a new spirit may take possession of the State Society; that love of the science may be more in evidence, and that the spirit of petty politics, which has so long characterized the crowd that has run the organization, may give way to the broader and more wholesome spirit of fraternity and professional usefulness.

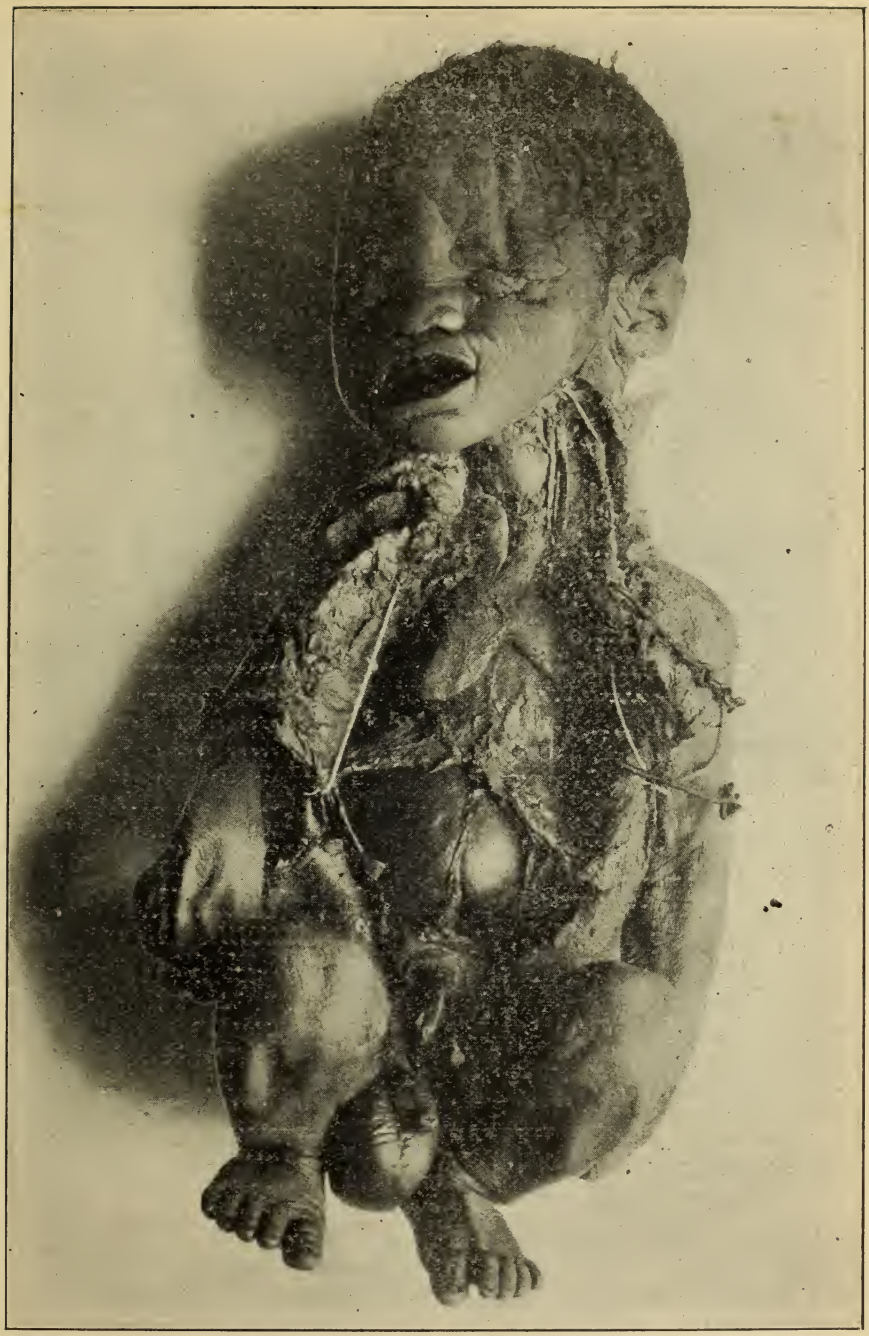
'The objects of this Society shall be the advancement of medical knowledge, the elevation of the medical profession, and the promotion of all measures adapted to the relief of suffering, the improvement of the health and the protection of the lives of the community.'

"So reads Article II of the Constitution. And with entire devotion to these objects, and with tender regard for the proprieties which was understood as soon as the habitation of the participants was known, the [2] Topeka crowd took possession, chose one of their number President, chose Topeka as the place of meeting in 1904, and—took [3] their departure, leaving not even a corporal's guard to listen to papers of men who had labored hard; [4] who had traveled hundreds of miles and subjected themselves to serious inconvenience in order to carry out their promise to the program committee.

"Such an exhibition of a taste of quality to excite the derision of an Apache Indian, of the entire subordination of the scientific spirit to the spirit of petty politics, and of wantom insult to a host who had gone to the extreme of generosity, and had opened the door of every house in the city, in order to make the meeting a success—so aroused the indignation of [5] fifteen exhibitors present that they declared that they would not again attend a meeting of the K. M. S. till a change of spirit was manifested.

"Such an exhibition goes far to justify the Golden Belt in its refusal to become auxiliary to the State Society, and is not calculated to provoke favorable action toward that end on the part of the Southeast Kansas at the annual meeting to be held next month. It is not at all probable that the South Kansas would have voted as it did if the vote had been taken after instead of before the meeting at Concordia.

"Indeed, so pronounced is the feeling against the Society as at present consti-



The Thymus Gland.—From the Department of Anatomy University of Kansas.—Dissected by Theodore Kroesch, '03.

tuted, and so keen is the indignation at the outrage perpetrated at Concordia, that it is within the bounds of possibility that the above named societies may be formed into a new state association which will knock at the door of the American Medical Association for admission as being more truly representative than the present mutual administration organization.

"The objection to such a course would be not an injustice to the present State Society, nor a likelihood of failure, for it would be neither unjust nor likely to fail, but the waste of energy which it would involve. It would be better for the various societies to become auxiliary to the State Society, and by the infusion of new blood, and a higher professional spirit, make impossible a repetition of the recent disgrace. Let them provide in their [6] Constitution, as the South Kansas has done, for full representation of the membership by the appointed fellows, whether all are in attendance or not. Let them infuse into the old organization a spirit that shall have a wholesome regard for the avowed objects of the Society, and that will not be willing to drag the honor of a noble profession in the mire for the sake of political preferment of any man or advantage to any clique."

Now as to the facts:

[1] Our critic says that the South Kansas society cannot become a member of the State Society until next year. As a matter of fact, however, the delegates of the South Kansas society were admitted to vote at Concordia and took a very large part in the proceedings. Hence the South Kansas society is already a member of the state organization and is as much responsible as Topeka for the election at Concordia. If their secretary (who is our critic) will only send us a list of their members we shall gladly send them the *Journal* and count them as enrolled.

[2] Topeka had just three votes in the election of officers out of a total of twenty-six. The writer is not a Topeka-ite and can therefore speak without bias. He saw no evidence of Topeka's trying to run things. But to quote from a letter from Topeka on the subject:

"I think the "Topeka crowd" will necessarily take an active part in the Society's affairs for the coming year; but as to their trying to run things to suit themselves, such a thing is so absurd that it needs no showing from us. I doubt very much if the members who were present at Concordia would be willing to admit that *five* men from Topeka elected the officers, selected the place of meeting, and even broke up the session by leaving, and especially when only three votes were cast in the meeting by the delegates from Topeka. This is certainly giving Topeka an importance and influence which I am sure the Topeka men do not credit themselves with having."

[3] The meeting broke up on Friday morning because only four papers could be found for discussion and there existed no train service by which the delegates could leave town within twenty-four hours. It was a question therefore of staying until Saturday to listen to four papers. We need of course not mention the fact that the

banquet on Thursday evening had formed a real climax to the convention and it was hard to settle down to work again after it. The Topeka crowd as such was hardly responsible for the break up of the Friday session.

[4] There were 27 papers on the program, of these men there were present with their papers 10, one other sent in his paper, and a twelfth came on Friday morning too late for the session. These are the facts as nearly as we can ascertain them. We are sorry for the men who traveled "hundreds of miles, etc., etc.," all to no purpose, but if the members present at Concordia could have known of their coming a larger number would have remained. At best too great a number failed to appear when their papers were called. The actual numbers of papers read were seven! It strikes us that the fault lies with the tardy members, not with the people who had waited so long at Concordia for them to appear.

[5] We should like to see the list of the fifteen "exhibitors." So far as we know the exhibitors present were W. D. Allison & Co., Denver Chemical Co., W. R. Warner & Co., Hettinger Bros., a surgical supply house of Omaha, and Searle & Hereth.

[6] The weakness of the Concordia meeting was due to an ignorance of the Constitution and its provisions. Many men went there supposing that they were going to take part in business matters on the same basis as in former years. Therefore matters had not been thoroughly discussed in the auxiliary societies and properly instructed delegates appointed. In fact the chair had to appoint many of the men who should represent the constituent auxiliaries.

The question now arises, why did the *Wichita Journal* make this remarkable display of feeling? Some have said to us, "Purves was the disappointed candidate for editor. He's trying to club the Society into giving it to him next year." Another said, "I do not think the criticism comes from the old members of the Society; they are better informed as to the facts. I have attended every meeting of the society since '89 and in nearly every session some disgruntled member has made some similiar charge in spite of the fact that Topeka has only one vote in the election."

We however take the criticism of the *Wichita Journal* at its face value and believe that the cause of the pyrotechnics is simply misinformation. We have therefore tried to give the facts in the case and thus allow the *Wichita Journal* and its readers a full opportunity to display that loyalty to the profession and devotion to the good of medicine, which seems to animate the present article. Hence we expect the heartiest co-operation from Wichita in our effort to induce every reputable practitioner of Kansas to become a member of the state society.

TENURE OF OFFICE.

We commend the following letter to the sympathetic reading of every member of the Society. Dr. Roby has done a good work and deserves the thanks of the profession—and a better treatment than he has received. We hope that our state is rapidly approaching the time when positions on the medical board will not be political spoils gotten by good men if those good men have influential friends, when the position of superintendent in a state hospital shall be just as permanent as a professorship in our University. Civil service reform does not yet seem a popular measure in Kansas.

TOPEKA, KANS , June 16, 1903.

To the Editor of the Journal of the Kansas Medical Society: Again replying to yours of the first instant, I beg to inform you that through the game of politics I have been promoted to private citizenship and am therefore not the servant of the state, nor of the board. I am one of the many masters whose servants toil when they see fit to do so, and not very much otherwise.

I was glad to be a servant for a time in the hope that I could do the whole medical profession some good. How well I succeeded the profession must judge. In twenty-five months of service I worked every day but one (—and that day I was sick in bed) including every Sunday, every weekday, and every holiday; and a great share of the time I worked fourteen to sixteen hours a day. In fact I worked a good many times till 3 or 4 o'clock in the morning to get the work done and as well done as possible. The law allowed me no help, but laid on my shoulders work enough for three willing workers nearly the whole time.

Now in view of all that which the profession at large knew little or nothing of, is it any wonder that some things were left undone which it would have been pleased to have done?

Since the great bulk of primary legislation registration was concluded, the next hard job was found to be that of *enforcing* the law. And it may as well be known now, that for the first two years the Board did not have a dollar to do that work with. Neither did they have half enough money to pay their current expenses while the licensing was going on. They simply had to furnish the money more than half the time for their railroad and hotel bills, and trust to luck and the next legislature for its return. Moreover in order to make any possible showing in the direction of enforcing the law, and not proclaim it by words or inaction, or both, to be a total failure, I put up several hundred dollars of private funds and went on with the work as well as I could. And I did succeed in ridding the state of a good many violaters of the law by bluffing and clubbing them wherever I could find them, though it was all done primarily at private expense. Now, however, the Board has a good fund provided by the legislature for that purpose, and if the new secretary does not make a good record it will be his fault and not that of an empty treasury.

Now I want to make a suggestion which if carried out will help the profession and the Board immensely in ridding the state of violators of the law. This suggestion is that the *physicians in every county organize a law-enforcement society*, with no other object or aim in its organization and devote all necessary time and talent to that one object. The ordinary county societies have so far

with very few exceptions, proven entire failures in that matter. They have too many other matters to attend to and give this one too little attention. Such a society is needed in every county to help the county attorney find the violators of the law and more especially the evidence on which to convict them.

This is today the most important question to which the profession as a whole can address itself—*i e.*, to make the law respectable and respected and to protect the profession itself from a hoard of quacks and violators. Every medical editor in Kansas ought to harp on this subject and hammer it over until the thing is done and well done.

Sincerely,

H. W. Roby.

Regarding the county societies we would like to suggest that if their officers were selected on their fitness to be workers and not parade leaders, Dr. Roby would have less cause to mark over them failures in this as well as in other regards. There is such a mass of work to be done that it seems a shame to have our county societies threshing out the old straw of abstract theories. They can see that laws are enforced, that the public is educated in medicine both by public lectures and by proper teaching in the schools and finally they can discuss their cases and troubles in friendly council—these three things and in this order.

CORRESPONDENCE.

————, Kansas, June 30, 1903.

To the Editor of the Journal of the Kansas Medical Society: Inasmuch as no comment is made in the June number of your JOURNAL on the editorials in the May *Wichita Medical Journal* I judge that you did not see them and take the liberty therefore of calling your attention to them. If you have read them I fail to understand how you, representing and working for the best interests of the Kansas physicians, could have refrained from discussing them. On reading them I could not help wishing that the editor of the *Wichita Journal* would go to Plato more and the modern newspaper less for his standards of language and justice. Some of Plato,s sentences, imperfectly recalled perhaps, came up as I read the tirade—"For I think no evil so great to man as false opinion on the subject we are now discussing." Needless to say, Plato did not refer to the Concordia meeting, but the moral is as applicable here as to the subjec the had in mind, namely, rhetoric. The wording of this editorial recalled to me, to my own amusement, the contention of Gorgias (in his dialogue with Socrates on rhetoric) as related by Plato, that the rhetorician is better able to persuade on matters of health than the physician and that the same principle holds in other matters. To quote exactly, "*I mean that there is no need for it (i.e. rhetoric) to know the subjects themselves, how they are circumstanced, but only to discover some means of persuasion, so as to appear to the ignorant to know more than those who possess knowledge*"

The writer of all that "rhetoric" in the May *Wichita Journal* must be in sympathy with those sentiments of Gorgias for he waxes eloquent over a meeting which he did not attend!

Every self respecting physician who attended the Concordia meeting must feel either amused or insulted at such an exhibition of insufficiency. The editor hopes that when the Southern Kansas physicians join the state society they may be the little leaven which shall leaven the whole lump (or as he would put it, the "Topeka crowd") with the love of science, scorn of pettiness and a broad wholesome spirit of fraternity and professional usefulness. If the sentences in the editorial which follow this touching desire are illustrative of the kind of science, wholesomeness, breadth, etc., with which the state society is to be impregnated, I should say that its latter end bids fair to be worse than its present state. Such expressions as, "Topeka Crowd," "the outrage perpetrated at Concordia," "recent disgrace," and "drag the honor of a noble profession in the mire for the sake of political preferment of any man or advantage to any clique," are indicative to the mind of the unprejudiced of either the personal disappointment or unrealized selfish ambitions of the writer. The question instructively arises, What was it the man wanted? One physician (be it known that he lives neither in nor near Topeka) said after reading the editorial, "That's a dirty shame. That kind of thing can't do anyone any good and it may work irreparable harm to the profession."

As a matter of fact, if the editor of the *Wichita Journal* were really fighting the many abuses which the best men in the profession so much deplore, would he have time or space to devote to maligning his colleagues, many of whom have higher ideals and finer instincts than he has here proven himself to have? Wouldn't the space of a medical journal be used to a greater advantage if consecrated to fighting ignorance and quacks, vice and illegal practice, and in trying by example as well as precept to raise Medical Standards and ethics to a higher plane of purity and sanity? Respectfully yours,

"VIATOR."

THE Regents of the State University have voted to expend nearly two thousand dollars in improving Medical Hall for the use of the departments of anatomy and physiology. Needless to say your editor rejoices thereat. In accordance with the decision of the last legislature the system of charges will be changed this coming year throughout the University. The expenses in the School of Medicine will be: Immatriculation (paid only once) for state residents $5.00; for non-residents $10.00; tuition fee $30.00 (non-residents $50.00). Aside from this no laboratory fee will be charged. Students may furnish their own consumable material, or purchase it of the various departments at cost.

WE give a full page illustration of the *thymus gland* as found in the material at the University of Kansas. The greatest length of the gland, on the right side is 2½ inches; the greatest width 1¾ inches. The double attachment to the thyroid is noteworthy. To be noticed also is its extent towards the diaphragm and its relation to the pericardium. It will be interesting if the reader will pull down his Anatomy and compare this illustration with that found therein.

LIST OF MEMBERS.

(Readers will do the Editor a kindness if they will report any errors or omissions.)

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Hubbard Linley..... "
D. W. Campbell ..... "
J. P. Blunk..... "
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A. G. Smith.....Oskaloosa

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Thos. Hammill..... "
H E. Hastings..... "
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H. E. Williamson..... "
R. C. Fear.....Gardner
W. C. Harkey..... "
T. S. Greer..... "

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John S. Wever..... "
H. J. Stacy..... "
Chas. J. McGee..... "

C. K. Vaughn.....Leavenworth
S. McKee..... "
Harriet Spaulding..... "
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S. B. Langworthy..... "
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J. L. Wever..... "
J. H. Everhardy..... "
R. L. Boling..... "
J. F. Wallace..... "
J. D. Miller..... "
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J. M. L. Crosier .....Lansing
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J. M. Phillips.....Linwood

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E. L. Willson, Jr..... Marysville
E. L. Willson, Sr..... "
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J. L. Hansman..... "
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Noah Hays..... .....Seneca
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A. L. Stubbs..... "

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W. P. Wilson .....Westmoreland
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E. M. Brockett..... "
C. V. Coldren. ..... "
L. S. Chamberlain..... "
Geo. Cullen..... "
B. D. Eastman..... "
D. E. Esterley ..... "
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H. H. Keith..... "
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J. P. Lewis..... "
D. K. Longshore..... "
R. S. Magee ..... "
J. C. McClintock..... "
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C. A. McGuire..... "
J. E. Minney..... "
W. E. McVey..... "
L. H. Munn..... "
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G. J. Mulvane..... "
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H. A. Warner..... "
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O. P. Davis..... "
S. A. Johnson..... "
F. H. Scholle..... "
W. A. Wehe..... "
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K. O. Brown.....Topeka
A. S. Andrews..... "
F. H. Martin..... "
L. M. Powell..... "
T. W. Peers..... "
S. G. Stewart..... "
W. L. Schenck..... "
J. D. Freeman..... "
R. S. Plummer..... "
W. F. Bowen..... "
Sara E. Greenfield..... "
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A. V. Carson..... "
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S. E. Smith.....Grantville
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Z. Nason..... "
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Jno. R. Scott..... "

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J. E. Jewell.....Moran

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R. Aikman..... "
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J. C. Fear..... "

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L. P. Adamson..... "
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Jacob Schauer.....Frontenac
C. A. Smith.....Yale

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E. A. Scammon..... "
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G. B. McClellan.....Weir City
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R. S. Black..... "
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J. Dillon..... "
E. J. Norman..... "
L. S. Trisler.....Fall River

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T. E. Welch..... "
L. D. Jacobs..... "
D. F. Longenecker..... "
G. A. Biddle..... "
P. E. Cromer..... "
F. A. Eckdall..... "
T. F. Foncannon..... "
J. F. Morrison..... "
J. H. Page..... "
J. M. Poindexter..... "
M. Brown..... "
J. M. Parrington..... "
J. J. Wright..... "
J. B. Brickell.....Americus
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T. O. Brown.....Reading
D. S. Fisher..... "
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W. H. Reese..... "
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J. M. Kleiser.....Parsons
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A. S. Sheridan.....Paola
J. D. Walthall..... "

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J. R. Fay..... "
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S. C. Pigman..... "
V. E. Zimmerman..... "
G. W. Coffey..... "
A. J. Weaver..... "
C. F. Leslie.....Clyde
R. J. McLaughlin..... "
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WASHINGTON COUNTY.

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M. N. Gardner..... "
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Robt. Algie.....Palmer
Lewis Moll.....Hanover
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E. Morrison.....Great Bend
R. H. Mead..... "
A. H. Connett..... "

CHASE COUNTY.

J. F. Shelly.....Elmdale

COWLEY COUNTY.

C. M. Holcomb.....Winfield
G. A. Boyle..... "

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J. T. Axtell..... "
A. E. Hertzler.....Halstead

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L. A. Buck.....Peabody
O. J. Furst..... "
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J. C. Montgomery.....Tampa

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C. Klippel..... "
J. F. Preston.....Arlington

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SEDGWICK COUNTY.

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E. E. Hamilton..... "
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D. W. Basham..... "
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W. H. Graves..... "
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J. D. Clark..... "
G. K. Purves..... "

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W. M. Martin..... "
T. H. Jamison..... "
J. M. Latta.....Millerton
Melvin Collins.....Oxford
W. E. Bartlett.....Belle Plaine
D. E. Kisecker.....Caldwell

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DECATUR COUNTY.

J. Dallal.....Norcatur
C. S. Kenney..... "

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FINNEY COUNTY.

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O. L. Helwig..... "
L. Brown..... "

FORD COUNTY.

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T. L. McCarthy..... "
C. A. Milton..... "
S. J. Crumbine..... "
H. W. Garrett..... "
J. C. Bridehaft.....Bucklin
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GRAY COUNTY.

G. W. Hollenbeak..... ....Cimarron

HAMILTON COUNTY.

M. C. Boggs.....Syracuse
C. F. Harrison..... "

HODGEMAN COUNTY.

A. B. Scott.....Jetmore

KEARNEY COUNTY.

G. F. Johnson.....Lakin

LANE COUNTY.

D. L. Wood.....Dighton

MEADE COUNTY

C B. Lester..... Meade

NESS COUNTY.

W. S. Grissel..... ...Ransom
Arthur C. Allen..... ....Utica
J. N. Venard..... .....Ness City
T. S. Venard..... "

PAWNEE COUNTY.

W. C. McCurdy.....Larned
W. V. Elting.....Burdett

SEWARD COUNTY.

Roscoe Nichols.....Liberal
Schuyler Nichols..... "

Total members, 414.

NOTES.

Dr. I. N. Love died in New York harbor June 18. Dr. Love's personality through the *Medical Mirror* has been a potent influence among the physicians of the Middle West.

The makers of surgical instruments met in Detroit June 8 to perfect an organization for protection against bad accounts, etc.

A woman on the west coast of Africa gave birth to six children on May 18. She had previously borne four at one birth.

Dr. C. F. Leslie, Clyde, Kans. is putting in a new static machine with X-Ray attachment. "Nelson."

Dr. M. R. Spessard of Glenn Elder has just returned from postgraduate work in the Chicago Postgraduate School.

Dr. J. W. Eckblad of Scandia has just bought out White's drug store there and has sold a half interest to Mr. D. A. Vywall, a druggist from Chicago. The firm name will be D. A. Vywall & Co.

Dr. A. S. Cluds of Minneapolis has just returned from Kansas City where he has been treated in a hospital for septicemia following a wound from a knife during an operation. The wound was in the side just under the shoulder blade.

DEGENERACY.

BY CHAS. GARDINER, M.D., EMPORIA, KANSAS.

For the purposes of this paper a degenerate is one, who falls below the normal type of his race and time, in physical, mental, or moral attributes. In this class we can place all the insane and feebleminded tramps, many criminals, and all those persons, who while not disabled by accident or disease, become a public charge during the productive period of life. Degeneracy reveals itself by anatomical, physiological and psychic stigmata. Under these headings we have time merely to mention briefly some of these stigmata.

Anatomical variations are cranial anomalies, facial asymmetry, deformities of the palate, anomalies of the teeth, tongue, nose, eyes, ears, limbs, and general anomalies of the body. Physiologically we have anomalies of motor functions, of sensory function, of speech, of genito-urinary functions, of uncontrolable appetite, diminished resistance to disease or external influences, retardation of puberty, etc. Under psychic phenomena we have the most numerous and striking departures from the normal. Among them are epilepsy, hysteria, insanity, idiocy, imbecility, feeblemindedness, precocity, one-sided talents, eccentricity, moral delinquency, defect of memory, will, judgment, sexual perversion.

The causes of degeneracy as set forth by writers, are the strenuous life; the drugs that enslave; alcohol, opium, cocain, tobacco, improper and insufficient food, sexual excesses, syphilis, and bad heredity. All these causes are preventable. This is one of those remarkable cases where the doctors all agree. There is only one prescription advised, the regulation of marriage, the asexualization of incorrigibles. The betterment of the individual physically, mentally, and morally; in short, education in its broad sense. Some Utopian dreamers believe that if these agencies were thoroughly applied, that degeneracy would soon disappear from earth, and we could dispense with our asylums, jails, and houses of correction.

A very superficial examination of this question will show that these ideas are not realizable.

Sir Crichton Browne, has lately created considerable excitement in London by an address from which I quote: "My observation leads me to believe that the masses are improperly fed as well as underfed. I find that even in the rural districts food habits of the masses are calculated to prevent the boys from growing into useful material, wherewith to fight and conquer Great Britains' enemies in war.

*Read before the 37th annual meeting of the Kansas Medical Society at Concordia, May 7, '03.

When we turn to the towns folk, we see in the anaemic faces and lack of sound teeth and stunting of bodies, the evidence of improper food. In the factory town of Dundee, boys between the ages of eleven and twelve years were found to average ten pounds under weight, and four inches under height. Girls were found to fall below the standard in like proportion. No doubt child labor in factories has a share in the deterioration."

In the beginning the earth was without form, and void. All the elements which comprise the globe were present in a condition to unite with each other as definite chemical compounds. They could unite in no other way. In the fullness of time a new thing appeared in the world. It was called protoplasm, a little jelly like mass, consisting of carbon, oxygen, hydrogen, nitrogen, and phosphorus and something else. That "something else" was the most important part of it. Because of the "something else", for the first time in the world these elements had united in other than chemical proportions. It was not a chemical salt. It was an individual. It was alive and because of that life, it possessed two properties hitherto unknown in the world, nutrition and reproduction. It took nutriment from the surrounding media and thus maintained itself. By reproduction it transmits life. We have here the simplest form of life; but the same general principles that apply to it, will hold good for man, the most complex and highly specialized of living beings.

Of course the simpler the form of life, the more nearly perfect is the individual, and the greater is the number produced in nature. Given a typical cell in ideal environment, only one thing is possible, a typical cell exactly like its progenitor. This is heredity pure and simple, not modified by environment.

There is nothing in heredity that can improve on the typical cell. The cell cannot breed above its type and can maintain its integrity only while the environment is ideal. Given a typical cell, with less than an ideal environment and there is but one thing possible, a modified cell; a degenerate cell. Given a degenerate cell, with bad environment, and a more degenerate cell is the necessary outcome. The tendency of the degenerate cell is to breed back to its type, if the environment should become ideal and the degeneracy had not progressed too far.

The ideal environment for man is an iridescent dream, hence there is a certain amount of degeneracy inevitable. This with retarded development, and the incidents and accidents, and diseases following conception will always produce a contingent of degenerates.

Degenerate parents nearly always produce degenerate children and

the degeneracy increases from generation to generation, until they cease to propagate. Seventy five per cent of all the patients in the state hospitals for the insane and feeble minded, have a history of degeneracy in their ancestors, and most of these patients bear the stigmata of degeneracy in their persons. It is practically settled by many different independent observers, that the longer the direct line of degeneracy, the stronger is the tendency of the child to inherit.

"One of the most wonderful things in life, is that a succession of microscopic cells will bridge over several generations, and then reproduce some family trait of an individual ancestor." How often do we hear this remark, "The grandson or greatgrandson is the living picture of Old John." Again there is that peculiar disease hæmophilia, which is transmitted from the grandfather through the latent mother to the grandson. Some families have been afflicted that way for many generations. Another astonishing thing is the permanence of the type.

Sir Walter Scott's description of the Scotch Highlander was true when written, and would fit the Highlander when he first made his appearance in history, and will hold good for all time if he keeps his blood unmixed—

> "Their legs below the knee were bare;
> Their forms were sinewy, short and spare,
> And hardened to the blast."

These are the men who came down through wild Lochaber snows. These are the men who relieved Lucknow. These are the men who fell around the English flag at Modder River.

The Jew is another instance. In all vicissitudes of climate and conditions, baited, persecuted, robbed, impoverished, or prosperous or wealthy beyond the dream of princes, furnishing the sinews of war to all Europe, or holding in his hand the destinies of the British empire, he is still the same man in face, form, and complexion, who made bricks without straw and passed dry shod through the Red Sea, six thousand years ago.

It is interesting in this connection to put a black smudge in the blood, and see how long it will stay there. The child of a white man and a black woman, has curly, crispy, black hair, and she shows unmistakable signs of negro blood. The child of this woman and white man is the quadroon. She is of an olive complexion, the red blush begins to shine through the glow of her cheek. Her hair is straight, and black and long. Her child by a white man is an octoroon, and except for her nails and darkening of her mammae and genitals she is a white woman. There is no way in the world to

distinguish her daughter from pure white. Thus we see that three generations have removed the smudge of color, when white blood is added each time. Suppose this smudge had been any form of degeneracy. Three generations of strong clean blood would remove any taint. This fact is the saving of the race.

Since the time our ancestors were savages in northern Europe, the strong blood mingling and mixing with the weaker strains has kept the race from extinction, which was always impending from war, pestilence, famine, and the absolute neglect of all hygienic, moral or other law, human and divine. "It is a well known law in the evolution of oganisms that those parts or organs that were first differentiated and have long been firmly established are less liable to variation than those of more recent evolution." As we trace the evolution of the human hand, as foreshadowed in the lower animals, we see a gradual development until a hand that can grasp a tool was evolved, and after that there was no further specialization. By training almost infinite skill and dexterity may be acquired by favored individuals, but the hand in all its parts and possible functions, remains the same for ages. An anomaly of the bony system is rare, which is just what we would expect in accordance with this law. The nervous system being evolved later shows more departures from the normal, and degeneration is most marked in the realm of psychic phenomena. "Man has already reached for most of his organs and tissues the extreme limit of specialization. From now on man's evolution must be chiefly through the nervous system, and here we find the greatest diversity in distribution of nerves and even in the central nervous system itself." In this unsettled state of affairs it is no wonder that the nervous system gives way under the strain of modern life and that the proportion of insane to the general population is increasing in all the states and countries as shown by each succeeding census. In California there is one insane person to three hundred inhabitants, and Kansas comes up to the average with two and a half to the thousand. The other degenerates far outnumber the insane. I have seen a statement that one million and a half of these people were supported at public expense. When we consider the submerged tenth, and the large number of others, tramps, thieves, prostitutes, and men and women who have no purpose, or aim, or hope in life, other than to exist from day to day and secure alcohol and tobacco for daily needs, we are facing the most appalling problem in Sociology. That these people are degenerates there can be no doubt. They lack the physical, mental, and moral power to get in touch with their environment.

Some of the great characters of history were undoubtedly degenerates. Canon Liddon has written a treatise in which he maintains the probability of Saint Paul's having been epileptic. Julius Caesar, Mohammed, Petrarch, Napoleon, Nelson, and Lord Byron were epileptics. Some writers have maintained that the boy or girl who had fits and recovered has a better chance for intellectual greatness than a normal child. Genius, insanity, and idiocy have all been present in the same family at the same time. Nearly all the royal families of Europe are suffering from degeneracy; notably, Spain, Italy, and the lesser German states. The Hohenzollern, and the reigning family of Russia would be better for some clean, fresh blood. It would be well if nature could do by them as Lowell represents her doing for Lincoln, "For him aside her old world moulds she threw, and taking new clay, from the breast of the unexhausted west, with stuff untainted shaped a hero new." What can be done for and with these defectives? Of course much depends on the degree of degeneration present in a given case. For the chronic insane, idiots, and imbeciles, there is only one thing to do. Clothe them, feed them, and care for them at the public expense and make their lives as endurable as possible. Of the acutely insane five per cent die of exhaustion, forty-five recover in from three to six months, and fifty per cent become chronic insane and practically hopeless as to recovery. Put the acutely insane into an asylum as soon their condition can be recognized, and return them as soon as possible to productive life, and useful citizenship.

We may divide degenerates into two classes, Remediable and Irremediable. The first class includes those that differ more or less from the normal, but amendable to the logic of the situation. They are eccentric, queer, have notions, but in the main can reason from cause to effect. A number of these degenerates may be hedged around by good social and religious influences, and pass all their lives for normal men and women. Where the degeneration is more profound, but still remediable much can be done by physical, mental, and moral training and education in its broad sense—and education to be effective with this class must be compulsory. They can be brought up to a certain point of intelligence and efficiency, and become self supporting, but in spite of that they are all the time a menace to society and may run amuck. After disappointment they are liable to become insane. These are the people who stab a queen, or shoot a president. These are the men who kill someone for a fancied grievance and then commit suicide. Some of them are intensely religious. I imagine this is the kind of man who burned Servetus, and tried to convert men with the rack and thumbscrew.

Into the irremediable class, I would put all those showing marked psychical degeneration; they may have fairly good physiques and may be physiologically nearly sound. They are murderers, assassins, robbers. They have neither love nor fear and they are almost insensible to bodily pain. They have no moral sense, or conscience, and of course no realization of responsibility to God or man. In short in this class are the born criminals and incorrigibles, who spend most of their time in prisons, and immediately return to crime when released through mistaken clemency, or at the expiration of their term of sentence. These people are hopelessly defective. The only thing we can do is to protect society from them. They should be humanely handled in penal institutions, and made to contribute in some measure to their own support.

Laws should be passed preventing the marriage of degenerates. Asexualization without mutilation should be practiced under due process of law, on all habitual criminals. The born criminal we have and no human agency can avail to make him whole, but we can see that the unborn criminal does not materialize.

DISCUSSION.

Dr. Goddard (Leavenworth).—I don't altogether agree with the doctor, if I understand correctly his assertion that insanity comes under the head of a degeneracy. Not necessarily so. If it is, we are any and all of us liable at almost any time to become degenerates. We are all liable to become afflicted with insanity. I'll admit that there are types of insanity due to degeneracy, but a normal individual can become insane, but not necessarily degenerate. If he recovers, he may recover completely. If we accept the doctor's views on this matter then all the cases of emotional insanity, puerpural mania, etc , would be classed as degenerates. This would be a pretty hard proposition. And this idea that everybody who is afflicted with insanity is to be avoided and classed as a criminal or a profligate, is putting it rather strongly, and is overdrawn. All insane are not degenerates by a large majority.

Dr. Pigman.—I don't know as I have anything to say upon the subject, but I agree with Dr. Goddard in this matter. I believe that many of the defects—mental, physical and moral, are due to education and environment. Through a certain mental bias, emphasized and developed by surroundings and associations, mental aberration is produced A man may get a certain set idea or notion in his head, following out and forming reasonable conclusions along this particular line, but so exaggerated are his views that his imagination gets away with his sound sense and judgment. You will find this trait exhibited in the criminal classes. Their minds become so thoroughly biased that they really believe that they are right in helping themselves to the goods of another, because they believe that he has more than his share. We see that same idea cropping out in the laborer, in the opinion he holds in regard to the man whose capital is invested. A man's mental status is likely due to his education and associations, and in order to eradicate these blemishes from the common mind

the proper education must be instituted. A higher education for the masses, however, would doubtless produce perversion, because they are not all able to digest this kind of meat. This matter of education, it seems to me, is somewhat overdrawn and misunderstood. It seems to be the idea of the educator to go higher and higher, regardless of the individual's capacities or capabilities, regardless of the fact that the highest end of education is to fit the individual to occupy his or her special station in life, and to fill it satisfactorily and well. They lose sight of these facts—they want to make mental athletes out of them. It seems to me that is a wrong line to pursue in our public school system.

Dr. Crowell (Kansas City).—The doctor has presented a great many features that should receive greater attention at the hands of the government than they are likely to receive for some time. I have been particularly interested in this subject because I used it as the subject of my presidential address in Des Moines, before the Mississippi Valley Medical Society and my observations and conclusions have in no wise changed since that time. In my opinion there is but one way in which this condition of degeneracy—this condition of insanity—this condition of viciousness—which are but features of degeneracy, which fill our asylums and poor houses—can be effectually remedied, and that is by proper legislation—by the state stepping in and regulating marriage. It must come—some states have already adopted such regulations—it is the only way to strike at the root of this matter. This matter of inherited degeneracy is like that of transmitted syphilis, or any other transmissible disease—it is in the germ; and there alone is where we should strike if we can possibly hope to eradicate the condition. It is a great and vital social question which should be taken up and passed upon by the government—should be discussed and handled by men capable of arriving at sound conclusions and wise judgments in regard to the education of the masses; then, each and every state and county should have its Board to pass upon these matters, and it should be seen that the unfit do not marry. Tuberculosis, small-pox, yellow fever are contagious diseases—do we permit those affected to scatter broadcast the germs of these infections? No, our quarantine laws take hold of these cases, and regulate and stamp out the diseases. So it must be with the degenerates, their marriage and intermarriage must be prohibited by law if we ever hope to stamp out the many physical and mental weaknesses which are being propagated and continually augmented by unfit marriages. Something was said about educating the degenerates—in my opinion, the higher the education the worse the degenerate—and if he marry, his progeny become weaker and still more degenerate.

Dr. O'Donnell (Ellsworth).—I was much interested in the doctor's paper, as also in its discussion. From what I have learned by a somewhat limited study of this subject, and from information gleaned from observation of facts, I most heartily concur with the remarks of Drs. Pigman and Crowell, that heredity has a great deal to do with insanity. I believe that although the diseased conditions may not be directly transmitted from generation to generation, a strong predisposition thereto *may be*, and *is*; that under favorable hygienic conditions this inherited tendency may never become apparent, but under the influence of unfavorable surroundings, and unfortunate moral environments, these inherited degenerate tendencies may become active, and insanity or other form of degeneracy result. What are we going to do to control the alarming increase of insanity? For the present generation, place those who inherit any form of

degeneracy under as favorable mental and physical conditions as possible; and for the future—the only certain way, in my opinion, to reduce insanity is by proper legislation regulating marriage. It is coming—as sure as tomorrow is coming—the time when every state must and will take up this question of regulating marriage. It is objected to by some on the ground that such laws interfere with the liberty of the subject. Admit that it does! When the State insists that quarantine regulations in cases of small-pox and other diseases dangerous to the public health be observed by its citizens, the liberty of the subject, you may say, is interfered with. We simply go a step farther and say that by conservative laws regulating marriage we will endeavor to protect posterity from an alarming and growing danger. This, in my opinion, is the only effectual way to decrease degeneracy in generations to come.

Dr. Ochiltree.—I have been very much interested in the discussion of this paper—I believe all that has been said about education as a factor in modifying existing conditions. There are always two elements at work, the moral and the vicious, and which one of these factors is to predominate depends greatly upon education and environment. A young man, well born and satisfactorily married according to marriage regulation laws, may become degenerate. Why does he do so? Simply because of certain environments. His social and moral qualities are such that he is easily led astray by associates, and he becomes a wreck—mentally as well as morally—capable of transmitting to posterity his degenerate tendencies. What is the result—and what the cause? Now, I have no desire to make a prohibition speech—but one great factor in this downward tendency has been altogether overlooked, and that is the saloon. Just as long as this immoral element exists, degenerates will be with us. We must eradicate the factors that produce the degeneracy.

Dr. Gardiner.—I have but a few words to say. Of course I don't advocate educating degenerates with the higher education—I took into consideration education in its broad sense, that education which includes environment, physical, mental and moral training of the masses. In regard to insane people not being classed as degenerates: Take for example two men meeting reverses in fortune; one is completely unbalanced, and has to be sent to an insane asylum; the other is able to take things philosophically, and sets himself to work to build up another fortune to replace the one lost. The one whom misfortune crushed had a weak point, and in so far as he manifested that weak point he was degenerate. It is the same with tuberculosis, or any other inherited disease—the person inherits a weakness, a susceptibility, which, if brought out and developed by the proper influences, produces the disease; while a stronger, healthier individual, under these circumstances would be unaffected. Here we have a degenerate—a physical degenerate. It is so with bad habits. A man who is weak morally is easily led. Here we have the moral degenerate. Environment and heredity are inseparable.

Our ancestors branched out freely all over Europe—and took whatever was in sight. Old King John told them that he was the Lord's anointed, and he gave them their lands; but they said to him, "By our swords we have obtained our titles; with our swords we will maintain them!" We have come from that kind of people—and a pretty good sort of stock it is. All of us are alive today in spite of the follies and sins of our ancestors. This great Aryan race of people has learned two great games—to war and to trade. Russia is reaching out to take Manchuria. We do not say, "That is an outrage—get out!" we say "Don't you shut that door—we want a chance to trade!" Types are due to isolation and religion. Rivers, seas, mountains separated people and developed various types. Rivers are bridged, seas are crossed, mountains tunnelled, and we trade with hostile people—'tis cheaper, and pays better than to fight them. Thus the types have been broken down. We have therefore no typical American face—we are becoming a cosmopolitan race—a race destined to develope the best and highest type of manhood and womanhood in the world.

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THE COUNTY SOCIETY.

In the scheme of reorganization the county society is the unit and in fact the chief part of the medical organization. It decides who shall be members of the state society, for unless the county society admits a man to its membership, he is barred from the state society. To it belongs the work of enforcing our laws and also of educating the public. Its importance is further shown that hereafter a physician may not pay his state dues direct to Dr. Munn, our state treasurer, but must hand them over to his county treasurer.

Even in the matter of papers to be read the county society is all important, for the ideal is that in the state society only such papers shall be read as shall have been read acceptably before an auxiliary society. Thus in the model constitution issued by our national association provision is made that after such and such a date no paper shall be given room in the state program that has not first been read in an auxiliary society.

This being the importance of the county society, we need to begin our planning for year's campaign at once. We must seek this year:—

1, to have every reputable physician in the county enrolled or in touch with our county society;

2, to run out of the county at once every quack and charlatan, especially those of the peripatetic variety;

3, to organize a course of public meetings for the discussion of popular hygenic and medical topics;

4, to persuade our newspapers that we are just as valuable friends to them as their patent medicine advertisers and that we are disinterested in serving the public weal; and

5, to get together often enough to learn that each of us has some good points and that friendly discussion does make each one stronger.

It seems to us that the physician's weakness is his isolation. All the stories of Abraham Lincoln would tell us that his legal success was due to a thorough discussion of the principles involved in his cases with the brightest minds he could find, and it must be conceded that the lawyer always wins rather than loses from such intercourse with his colleagues. What is true of lawyers is also true of clergymen,—our ministers are growing better just in proportion to their friendly intercourse with each other. So it is true of medicine. No one need fear lest he give more than he receive. Even if he should be so much greater than his colleagues as to make intercourse one-sided, he would still gain more than he would lose from such friendly counsel.

But after all, it is a matter of honor, or belief in the honor of our competitors. And considerable observation has led me to believe that our competitors are not half as bad as the patients who come to us from them would have us believe.

Then, let's boom the county society!

*HARE LIP AND CLEFT PALATE COMPLICATED WITH PROTRUSION OF INTERMAXILLARY BONE.

P. D. HUGHES, A. M., M. D.

Surgeon to Bethany Hospital, Professor of Surgery in the College of Physicians and Surgeons, Kansas City, Kansas.

In this condition it is recommended that the projecting central island be removed or forcibly bent back to a position where it may be held by sutures. Some authors specifically recommend removal of the snout like projection with teeth at or near tip of nose.

I wish to report the method used in two very bad cases where there was considerable increase in size of the vomer, one being an infant and the other one at twelve years of age.

The illustrations here shown display very well the condition before and after operation.

I will endeavor to explain the important steps adopted in the saving and placing of structures which are useful in securing the best results.

The first step was to incise the soft structures in the median line, beneath the vomer from within the mouth to near the teeth, then by blunt dissection to separate a curtain of all the tissue from the bone to a point a short distance above the point of proposed excision of the piece of vomer. With a rongeur and a sharp chisel a square piece of vomer was removed, the upper limit on a line with the upper part of the central island, the distance antero-posterior being sufficient to correspond to the anterior displacement of the central island plus what tissue was necessary to be removed in the freshening process from the lateral masses and the sides of that central island when in apposition.

The bone proved to be exceedingly hard to cut. Then in order to loosen the central island a sharp narrow chisel was driven through from front to back on a line with the upper limit of excised area in vomer. By loosening the curtain-like attachments laterally and making a small incision to free the skin at the tip of the nose, the bone was then pressed backward approximating the divided vomer and completing the arch of jaw.

I was compelled to remove two of the four teeth in the median line to make room for two shoe maker's needles driven through and

* Read before the 37th Annual Meeting at Concordia, May 7, 1903.

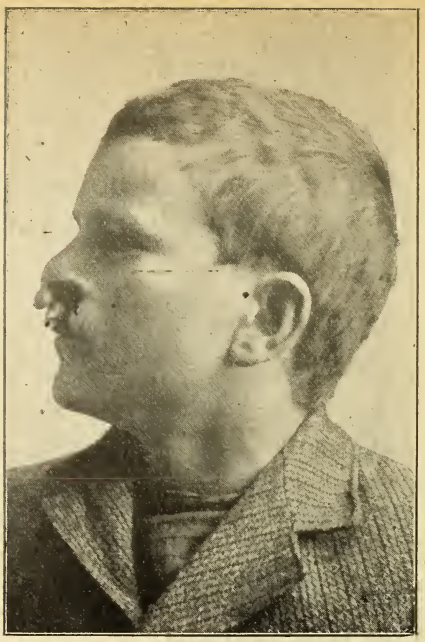

FIG. 1.—Dr. Hughes' case of cleft palate, before operating.

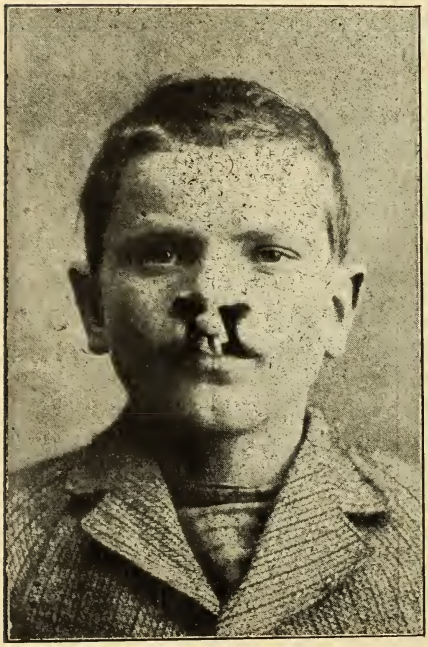

FIG. 2.—Dr. Hughes' case of cleft palate, before operating—front view.

FIG. 3.—Dr. Hughes' case of cleft palate, after operating.

into the lateral masses from front to back on either side. They held the bone in very good position.

Satisfactory union was secured in both cases and upon removing the retaining pegs the soft structures were brought together.

Three or four separate operations were necessary in order to secure satisfactory results. But this is the usual experience of the surgeons for at least two major and one or two minor efforts are necessary in every such case.

DISCUSSION.

Dr. Axtell, (Newton):—The paper is too good a one to be passed over without discussion. On patients coming from a distance who cannot stay very long I often complete the operation at one sitting. The coverings of the vomer are separated in the same way, and the vomer is cut with bone forceps. The inter-maxillary bone is then set back after being freshened and stitched to the freshened edges of the jaw with chromatized catgut under the lip, and silk worm gut in the mouth. It is easily held in place and the pressure of the new lip helps to hold it there. The hare-lip is then repaired as in other cases. This can all be done at one sitting, thus obviating the necessity of several operations.

Dr. Hughes:—I don't know as I have anything to add to what has already been said, but will say in reply to Dr. Axtell that my idea was to bring out the fact that the operation was to be done at one sitting, it would be needless to multiply operations, unless in special cases for some specific reasons.

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* THE PRESENT STATUS OF ALCOHOLICS.

E. SMITH, M. D., LAWRENCE, KANSAS.

It has been said that medically and scientifically the whole subject is in the polar region of mystery. This is evidenced by the diversity of opinions respecting its action. It is classed by numerous writers as a stimulant, by some as an anesthetic, and by others as a narcotic. It is claimed by some that it is a food and denied by oth-

* Read before the Douglas County Society, June, 1902.

ers. It has been given in fevers to reduce temperature, and to tide over after the fever is gone. A large number of physicians do not use it in their practice, believing that there is no condition in which other remedies will not do better. Among those that advocate its use, there is a great diversity of opinion as to the amount that should be given. For instance [1] Shoemaker warns against its too lavish use in typhoid fever stating that over two to four ounces of whisky in twenty four hours is apt to do harm, that he has seen fatal results follow its too free use. [2] Others would give one half ounce every half hour, or six to twelve times as much Shoemaker thinks is safe. While it is given to reduce temperature, increase the appetite and digestion, [3] Stille and Maisch state that it too often increases fever and diminishes appetite and digestion.

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IS ALCOHOL A STIMULANT?

This is not a new question. Over twenty-five years ago Prof. A. B. Palmer in his work, "The Science and Practice of Medicine," said, "Neither in health or disease is alcohol a stimulant; it is a narcotic."

About the same time, H. C. Wood, after a short review of the experiments of Park, Wallowincz and Zimmerberg, said, these observations would seem to prove that alcohol slows the pulse by stimulating the vagi and inhibitory centers, and lessens the blood pressure by weakening the heart. [4] He then falls back on experience and says that alcohol in moderate amounts appears to be a powerful stimulant of the heart and circulation, but in poisonous doses very probably does diminish both the force and frequency of the pulse. [5] Dr. Crothers says, "There is a slowing up and lessening of force and power when alcohol is used. In large doses this is evident, in small doses instruments of precision make it plain." [6] Prof. George W. Webster of Chicago says, "Alcohol is not a stimulant in any sense, except in increasing the secretions of saliva, and of gastric juice,"

[7] Dr. V. D. Miller, in a paper read at the Denver meeting of the A. M. A. said, "I do not hesitate to say that those who give alcohol, believing it to be a stimulant are totally mistaken in its action;" and that some of our best physicians with large experience while noting the increased action of the heart from the use of alcohol, notice that the force or power is diminished, and adds, "May this not be the principal cause of the so-called heart failure which many practitioners give as the cause of death?"

[8] Dr. Henry T. Hewes of Boston, after quoting numerous authorities says, "A study of our evidence in regard to the question as to

whether or not alcohol acts as a heart stimulant points to the conclusion that the best evidence at hand is against its possessing such action, and certainly forces us to the opinion that the use of alcohol for this purpose of heart stimulation, especially in continuous doses for periods of one or more days, as it is practiced in the case of acute diseases or conditions of debility, is irrational, such use tending rather to defeat than accomplish this purpose. Where quantity sufficient to cause any influence in either direction is administered the sum total of the effect is always depression."

Dr. Winfield S. Hall, professor of physiology in Northwestern University Medical School says, "All narcotics depress vital activity," and that Brunton, Blythe, Cushing and all the newer authorities on pharmacology, and toxicology, agree that alcohol is a narcotic in both small and large quantities.

IS ALCOHOL A FOOD?

The question of the food value of alcohol has been revived by [9] Prof Atwater proclaiming his experiments in support of the theory that originated with Liebig, that alcohol is oxygenized in the system and is therefore a food. It perhaps is true that alcohol to the amount of two ounces in twenty-four hours is oxygenized in the system, but that does not prove it to be a food, as that is only one of the properties of a food. The erroneous reasoning of Prof. Atwater, "Alcohol is oxygenized in the system, food is oxygenized in the system, therefore alcohol is a food," is shown by a similar sophism, "A worm is bilateral, a bird is bilateral, therefore a worm is a bird."

[10] Prof. Kassowitz, of Vienna, says, "It is impossible for a substance to play the dual role of a food, and a toxin at the same time;" and that alcohol in particular never possesses nutritional but always and exclusively toxic properties.

[11] Prof. Webster of Rush Medical College says that a person deprived of food will live as long without as with alcohol.

[12] Dr. Rudolph Roseman, after experiments similar in their scope to Prof. Atwater's says, "So much can be regarded as certainly established, the hope that the calories of alcohol may be available for the protection of the proteid of the sick must be regarded as having no foundation."

[13] Prof. Hall of the Chicago Medical College, after quoting Fick, Bunge, and numerous other physiologists against the food theory of alcohol, says, "All claims advanced for its recognition as a food, are based upon misinterpreted facts, and the whole argument for alcohol as a food is a super-structure of fallacies."

Many others besides Prof. Wood claim that their experience shows that alcohol is useful in treating typhoid fever and other asthenic diseases. Before deciding as to how much value can be awarded to their testimony, it will be necessary to know how many cases they have actually treated without alcohol, that they might have a fair basis of comparison of the results.

[14] The editors of the *A. M. A Journal* say, "We have tried the experiment of treating typhoid and all other general fevers without using alcoholic remedies, both in hospital and private practice, and have found no difficulty in finding better remedies for counteracting the asthenia of this fever and obtaining a higher ratio of recoveries than has ever been obtained with its use.

In conclusion I will say that it seems to me that if the experiments of the physiologists and toxicologists prove anything, it is that the teaching of most of our text books with regard to alcoholics is based upon a misapprehension of its action, and that where it has been given in adynamic diseases, and the patient recovered it has been in spite of, not on account of the alcoholics, and that it has often been "the last straw that broke the camel's back."

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NEWS NOTES.

Dr. J. E. Minney of Topeka returned August 20 from a three months' vacation in Los Angeles, Cal. He reports a good time and a favorable impression of the state.

The license of Dr. Robert E. Gray, of Garden City, Kansas, has been revoked.

Dr. R. S. Magee and wife of Topeka will spend part of August and September in Chicago and at Winona Lake.

Dr L. M. Powell and family of Topeka spent the month of August at their summer cottage at Ludington, Mich.

Dr. J. P. Kaster, chief surgeon of the Santa Fe, and family are spending August in California and St. Catalina islands.

Dr. E. Smith, of Lawrence, will act as Demonstrator of Anatomy at the University of Kansas during the coming year.

Dr. H. H. McClellan of Topeka, Kansas, was found dead in a bath tub July 20; heart failure is believed to have been the cause.

The list of members last month, Dr. Humphreville's name was incorrectly reported, it should be Dr. D. W. Humfreville, Waterville, Kansas.

Dr. O'Donnell of Ellsworth has been made Surgeon General and given charge of the recently organized medical department of the State National Guards.

J. B. Mitchell, M. D., of Manhattan, Kas., died July 2, aged 71 years. Dr. Mitchell was a surgeon in the Civil War in the 12th Tenn. Infantry and 5th Kentucky Cavalry.

Dr. Sexton was again unfortunate on July 16, when his sanatarium at Bonner Springs burned down and destroyed four lives The loss otherwise is estimated at $20,000.

City Physician for Kansas City, Kansas.—Dr, William F. Waite was appointed city physician of Kansas City, Kansas, recently, by Mayor T. B. Gilbert. Dr. Waite formerly held the position of county physician. He succeeds Dr. J. F. Hassig.

Prof. E Kraepelin, who has done more probably than any other one man to make the study of insanity a science, has decided to leave Heidleberg to accept the position of professor of psychiatry at Munich left vacant by the death of Anton Bumm.

Dr. G P. Marner of Marion, Kas., reports a case of bee sting in the cornea of a young lady, July 25. The stinger came out and caught in the upper eye lid, near its center. It was somewhat difficult to remove. Considerable injection followed. The doctor used atropine and saturated solution of boric acid. No interference of vision followed. This case is a rare occurrence.

Dr. Graves of Wichita has resigned from the committee of Public Health and Charities and President McVey has appointed Dr. J. D. Clark of Wichita to take his place.

Dr. G. R. Dean, of Junction City, has purchased a Van Houten and Ten Broeck static machine and Dr. Moyer a Kinraide Coil. Drs. Emerson and Jacobus, of Winfield and Dr. McDonald, of Fort Scott, have also purchased Van Houten and Ten Broeck static machines.

Below is a Lawrence sign:

DIVINE HEALING
through
MRS. M. J. MARTIN.

Is Mrs. Martin a violator of the Medical Practice Act?

A few years ago there was a cancer doctor in Lawrence who did a flourishing business largely through the co-operation of two regular practitioners. His method was to call the attention of a suitable person to a wart or growth on the face. The victim might protest that it was only a pimple or other harmless tumor. Then the "doctor" would simply tell his victim, "Well, if you don't believe me, just go to Dr. ——— or Dr. ——— and ask either one of them what it is." Of course these men promptly diagnosed a cancer and advised immediate treatment. The scheme fell through only when a victim happened to stop at the wrong doctor's office. This method brought many dollars it is said, into the pockets of the three confederates.

The Ottawa District Society was organized June 24 with Dr. F. C. Herr, Ottawa, President; Dr. Harry W. Wright, Ottawa, Vice-President; Dr. W. G. Burris, Ottawa, Secretary; and Dr. H. W. Gilley, Ottawa, Treasurer. The other members are H. L. Kennedy, A. H. Wright, R. S. Black, A. Haggart, J. B. Davis, W. M. Ewing, Cora A. Moon, C. W. Hardy, V. E. Lawrence, of Ottawa; W. D. Huff, Williamsburg; Geo. W. Davis, Princeton; D. H. Smith, Homewood; M. L. Foster, Peoria; J. R. Thornburg, Princeton. The committee on membership is composed of Drs. A. Haggart, C. W. Hardy, and D. H. Smith. The membership is not limited to Franklin county. We are glad to record this organization and trust that the society will affiliate at the earliest possible moment with the Second District Branch of the State Society.

"DEAF MUTISM."

BY H. E. WILLIAMSON, M.D., OLATHE, KANS.

Deaf Mutism may be defined as that abnormal condition which is characterized by the coexistence of deafness and dumbness. In a broader sense it is that pathological or abnormal condition of the auditory organs, congenital, or acquired in early childhood, causing such a diminution in the power of hearing as to prevent the acquisition of speech, or if already acquired, the maintenance thereof for lack of the power to hear and distinguish tones.

The causes of deafness with its consequent mutism are divided into two classes: congenital and acquired; the first class embracing the smaller number; statistics giving it from twenty-five per cent to forty per cent. Dr. St. John Roosa and Dr. Sexton of New York City say congenital deafness is very rare. Various causes are assigned for congenital deafness: heredity, consanguinity of parents, poverty with its unsanitary surroundings and lack of sufficient nourishment, alcohol, syphilis, and many others. Heredity really plays a less important part than is usually attributed to it, not over two per cent of the children of deaf mute parents are deaf. If we go back to the great grandparents and grandparents, information is lacking, for marriages amongst deaf mutes were very rare in the first half of the last century, but if we observe the aunts, uncles, nephews, nieces, and first cousins, a great number are found. Statistics collected by E. A. Fay based on investigations of five thousand marriages contracted by deaf mutes have demonstrated that over nine per cent of these marriages resulted in deaf offspring, and curiously enough the marriages where both parties were deaf and dumb did not result more frequently in deaf offspring than those where only one parent was deaf. He also found that marriages of congenitally deaf persons and deaf persons with deaf relatives gave a far greater liability to deaf offspring.

Great fertility of marriages in families of low mental or physical condition results in offspring with deaf mutism. Families of this class with two to four deaf mute children are frequently observed. Consanguinity of marriages is a very important cause. Varying statistics have been made on this, but the most reliable prove it to be a potent cause of deaf mutism. The frequency with which mutes are born of close relatives varies from one and six tenths per cent to nine and four tenths per cent. Several statisticians have also shown that the closer the relationship of parents the larger was the number of deaf mute children born. The difference in the age of parents has been attributed as one of the causes, but further investigation is necessary before accepting it as true. The youth of parents has also

been mentioned, for such marriages are usually followed by weak children or are sterile, but this has been assigned a very small place.

Syphilis is probably more frequently the cause than it is given credit for, but to get an acknowledgment of infection from the parents is very difficult, consequently no reliable statistics can be cited. Alcoholism is a cause of degenerate parents and children, but can hardly be placed in the etiology of deaf mutism.

Deafness from acquired causes occurs most frequently during the second and third year, then comes the fourth, first, fifth, sixth and so on. The enjoyment of hearing and speech exert for the first three years of life a profound influence on the mental development. It is during the first few years of child life that infectious diseases are contracted and it is fortunately true that the marks remaining to show the ravages of these dreaded diseases are few in proportion to the number diseased.

Statistics are proverbially dry, but yet contain facts that can be conveyed in no other manner; the following from the 1901-1902 report of the Nebraska Deaf and Dumb Institution show the importance of infectious diseases in causing deafness in comparison with other causes. The weak point in these statistics is that the cause is given by the parents.

Apoplexy	1	Lung fever	5
Brain fever	38	Malaria	1
Bronchitis	2	Measles	21
Catarrh	10	Paralysis	3
Cholera infantum	4	Pneumonia	1
Cold	10	Quinsy	1
Congenital	174	Scarlet fever	57
Congestion of lungs	1	Scrofula	7
Cramps	1	Spasms	1
Diphtheria	7	Spinal meningitis	72
Dropsy of brain	1	Spotted fever	1
Earache	10	Sunstroke	1
Fall (in infancy)	9	Typhoid fever	15
Fever (kind unknown)	15	Whooping cough	17
Fits	4	Yellow fever	1
Inflammation of brain	4	Unknown	101
Inflammation of ear	1		
Intermittent fever	2	Total	620
Grip	12		

In these statistics, as in all others, brain diseases constitute the main cause of deaf mutism, with scarlet fever, measles, diphtheria and pertussis or whooping cough in the order named. Epidemic cerebro spinal meningitis is, undoubtedly, the chief cause of brain fever. In these statistics inflammation of the brain, spinal meningitis, and

spotted fever mean but one thing, and that is cerebro spinal meningitis with a total of one hundred and thirteen cases out of six hundred and twenty cases of deaf mutism.

The invasion of the labyrinth or middle ear in cerebro spinal meningitis by the extension of the acute inflammation from the meninges destroys the sense of hearing or at least greatly impairs it. In scarlet fever, inflammation of the middle ear, caused by the spreading of the inflammation from the throat to the ear by means of the Eustachian tube, destroying the ossicles, tympanum and the mucous membrane of the middle ear, frequently invading the labyrinth, causes total deafness. The other infectious diseases named cause destruction of hearing in much the same manner, but not usually so completely. It is surprising what little destruction will be found in the external canal and middle ear on otoscopic examination. Several years ago I in conjunction with Dr. Groves of Kansas City examined one hundred and ten scholars at the Kansas Deaf and Dumb Institution and in the preparation of this paper I examined twelve pupils otoscopically; both examinations giving practically the same result: *auricle*, normal in great majority of cases; *external auditory canal* normal in diameter, occasionally narrow with impactions of cerumen and catarrhal condition, the *tympanum* a dull dusky condition instead of the glistening and pinkish normal condition, most common in the congenital deaf perforated and suppurating with exuberant granulations in a few cases, immovable in many cases on inflation, and but slightly movable in others.

The inference, drawn from these facts is that diagnosis by this method is of very little value. Altogether it is accomplished with some difficulty and can rarely be made under one year of age. The reason assigned for this is the sound conducting apparatus is not complete at birth. Specialists experienced in testing the hearing of infants have found that some who appear to be totally deaf in early life become perfectly normal. No great importance can be attached to the statement of parents or persons closely associated with a child in regard to its ability to hear, for the vibrations of the air caused by certain sounds act on the other sensory nerves and are supposed to be vibrations of air acting on the auditory nerve. Methods that may be used by the general practitioner in making an examination of the power of hearing are a loud toned dinner bell, clapping of hands and firing of a pistol, the C tuning fork, and the watch which if heard by the child will be indicated by a startled movement or expression, as the blinking of the eyes; these tests should all be made behind the child or in some position

not visible. It is well to note the fact that there are idiosyncrasies in hearing as well as in drugs: some will notice sounds which others cannot hear. An example of this given me by Prof. A. C. Hammond, Superintendent of the Kansas Institution for the Deaf and Dumb, aptly illustrates this. Mr. W., a personal friend, could not hear the rustle made by a covey of birds getting up behind him, but could hear distinctly the soft sound made by the rubbing together of trouser legs when walking.

The prognosis in deaf mutism is always unfavorable. The pupils at the Kansas Instution give a history of many examinations and treatments by physicians of merit and quacks without number, ending with the final result of no improvement in their ability to hear. Treatment is useless as far as any effort in restoring the hearing is concerned. The suppurative condition present in some cases should be treated by washing with hydrogen dioxide full strength, thoroughly drying with cotton pledgets, followed by the local application to the exuberant granulations near the tympanum (which are the frequent cause of suppuration) of two or three drops of a solution of protargol, one dram to the ounce of distilled water. This treatment persistently carried out has stopped the discharge in ninety-nine per cent of the cases so treated after continuing from six months to three years.

Ear trumpets, tubes, drums and electrical appliances of countless number have been vaunted as sure cures, their number attesting their fallacy. Otocoustic fans, invented by pupils of the Deaf and Dumb Institution at Tokio, Japan, utilizing the means of dental conduction enable the partially deaf to hear fairly well; the Akoulalion, an electrical apparatus consisting of an ear piece transmitter and a small electric battery by which means sound is projected into the ear to stimulate the auditory uerve is another. The newspaper reports of this last instrument were not confirmed by the exhaustive tests made at the Buffalo Convention of American Instructors of the Deaf at Buffalo, New York, in 1901. Tests made since the recent newspaper notices, claiming the Alkoulalion to be the long looked for relief to the deaf, have proven it to be of no value to the totally deaf. Education is the only specific remedy for the 35000 deaf mutes of the United States. It makes them equal and often superior in some fields to those not deprived of the sense of hearing. Therefore our efforts should be put forth to advise and urge the totally deaf to take this way to relieve their unfortunate condition.

* SOME THOUGHTS CONCERNING TREATMENT OF SYPHILIS OF THE EYE.

H. L. ALKIRE, M. D., TOPEKA.

Mr. President, Ladies and Gentlemen:—At the solicitation of my colleague, Dr. J. E. Minney, I presented at the last meeting of this Society a paper entitled, "*Some Thoughts Concerning the Diagnosis of Syphilis of the Eye.*"

Appreciating the fact that a paper dealing with the diagnosis of a disease so well known, and so often discussed, would not of itself be very interesting when limited to an organ usually consigned to the specialist, it was agreed that my friend, Dr. Minney, would also present a paper, setting forth the treatment of syphilis of the eye. For some reason the expected paper was not presented.

Believing the subject to be one of more than ordinary importance to the general practitioner, is my only explanation for inviting your attention to "*Some Thoughts Concerning the Treatment of Syphilis of the Eye.*"

Permit me to inform you now, that I have nothing new or original to add to the treatment of this affliction, but believe it might be well for us to take an inventory of our stock of knowledge concerning this ancient disease, brush the dust of Time from the labels on some of the old medicines, and place them on the shelf of the Present, and see if the renovating will not make them more useful.

But before considering the medicines to be used, I cannot refrain from speaking of the urgent need for making a thorough examination of the eye before beginning the treatment of even the most simple disease of that organ,—the gravest diseases often have a very innocent beginning. For often have you and I seen the sad results of a careless or incompetent examination, and the almost certain inappropriate treatment following.

I shall presume that not one of you who have had experience with pulmonary diseases would be willing to risk your reputation, or feel that you had acted honestly with your patient, if you did not make a careful examination to determine the exact condition before prescribing. If all would do this, there would be fewer cases of pneumonia treated as bronchitis, or tuberculosis and pyothorax as mala-

* Read before the 37th Annual Meeting at Concordia, May 7, 1903.

ria. Just so, my friends, in the treatment of the eye and the diseases affecting it.

Success must depend upon the ability of the doctor, *First*, to understand the causes operating to produce the disease; *Second*, to know what changes are likely to result, and to detect those present, and anticipate those to occur later; *Third*, and last, but not least, his familiarity with the actions and relative values of the remedial agents to be used.

It is my desire to treat of the most common forms of the disease, and to outline a general course; rare forms and the less useful methods of treatment will not receive consideration.

It is usually during the so-called secondary stage of the acquired syphilis, that the patient seeks the advice of a physician for some one of several of the numerous manifestations of this stage.

The most common of the eye affections resulting from syphilis in the second stage, are those found in the most vascular parts of the eye as the iris, ciliary body, choroid and retina. The affection may be confined to any one or may involve all the parts just mentioned. Some writers say that 75 per cent of all cases of iritis is due to syphilis; others, that more than 50 per cent are of syphilitic origin. Syphilitic iritis being a common disease, also very destructive to vision, I will consider it first, and wish you to remember that frequently associated with it is inflammation of the ciliary body (cyclitis), of the choroid (choroiditis), and the retina (retinitis).

When the iris, ciliary body and choroid are inflamed we call the disease uveitis. Inasmuch as the treatment is about the same for iritis and since you know the relation although more familiar with iritis, I shall try to avoid confusion by speaking only of iritis.

In formulating a course ot treatment it is necessary to keep clearly in mind a definite conception of the pathological conditions and the indications for treatment.

From a study of the pathology of syphilis it has been learned that the infecting organism is slow to act, that it does not produce sudden death of the cells infected, but, on the contrary, it stimulates the leucocytes, producing a more rapid proliferation and an increased movement. It causes them to accumulate in the capillaries of the various tissues and organs of the body, producing a local infection and proliferation, especially of lymphoid and fibrous tissue. The red corpuscles of the blood are reduced in number, producing symptoms of anaemia.

In iritis an inflammatory exudate upon the iris will glue the posterior surface of the iris to the anterior capsule of the lens, pro-

ducing that condition known as post synechia. It this attachment becomes permanent and complete, the eye is greatly impaired as an organ of vision, the circulation of nutrient fluids so altered as to frequently result in the loss of the eye, if not properly and promptly treated.

Thus we may briefly sum up the indications for treatment as follows:

First—Stop the increase of the infection;

Second—Disperse and eliminate the infected material accumulating in the tissues of the affected organ;

Third—Increase the cellular richness of the blood;

Fourth—Prevent adhesions forming between the iris and lens.

There are three old and well tried remedies upon which we depend, provided they are skillfully administered.

Let us study these:—MERCURY,
POTASSIUM IODIDE,
ATROPINE,

And later, those which may aid them in producing a more satisfactory result. Hydrargyrum or mercury in small doses, will meet the first three requirements; viz., to check progress of infection, hasten elimination, increase the number of red corpuscles in the blood and improve nutrition.

It must also be understood that large doses of mercury, or if too long continued, cause a decrease in the number of red corpuscles, produce gastro-intestinal derangements and other disorders, causing a retrograge condition. To obviate these undesirable effects of mercury, permit me to suggest, that when prescribing it, you always keep the patient under careful observation, and decrease or stop its use as soon as you observe any evidence of mercurial poisoning, such as tenderness of the gums or teeth, abnormal increase of saliva, offensive breath, intestinal disturbance, or any indication that the nutrition of the patient is on the decline. I believe that an occasional blood count would lend much valuable information, and especially in obstinate cases. What preparations of Hydrargyrum shall be used, and how administered? Each of them is useful, we will note some of the advantages of a few of them. *Unguentum Hydrargyrum*, This has the advantage of being applied to the skin,—an excellent method for children, also for those having a weak digestive tract. One dram should be applied, at bed time, rubbed into ths chest, thighs, or feet, which have previously been bathed with soap and warm water Publicity and uncleanliness are strong objections to this method. Another form of mercury is:

Rp.—Hydrargyri Chloridi Cor., gr. 1-10 to 1-5,
Sodii Chloridi (Sol. Norm), dr. 1.

or

Rp.—Hydrargyri Salicylatis gr. ½,
Ol. Olivæ, dr. 1.

Either one injected deep into muscular tissue of gluteal region probably gives the quickest result. Some advocate injecting the sublimate solution under the conjunctiva, believing the effect to be more rapid; others condemn this method because of the induration of the tissue at the site of the injection, also because the principal effect is that of clearing the circulatory channels, and this effect is better accomplished by injecting a normal salt solution (m. 5-10) which has the advantage of leaving no bad effects. The hypodermatic medication should be administered by the doctor or nurse. *Hydrargyrum cum Creta* may be used to good advantage in cases where the other preparations cause frequent bowel movements.

Rp.—Hydrargyri Chlor. Mitis, gr. ⅛-i,
Pulv. Ipecac et Opii, gr. 1-iij,

M. F. pulv, No. 1; D. tales Doses No. XV. Sig. One powder three times a day, is useful under like circumstances.

Rp.—Hydrargyri Proto-Iodidi, gr. 1-10—¼, Pil. or Tablet.

Under ordinary circumstances I prefer this preparation, because of the ease with which it may be taken, as well as convenience.

Before starting a course of mercurial treatment the patient should be sent to a dentist to have the teeth put in the best condition possible, and instructed to keep the mouth clean. Tartar and other deposits on or about the teeth, producing an unhealthy condition of the gums, predispose to salivation. The diet and exercise should be consistent with the best physical condition. The warm or hot bath and massage every second day improves the circulation, and keeps the skin in a condition favoring elimination, thus promoting the action of the mercury.

Potassium Iodidum and *Sodium Iodidum*. Clinical experience seems to indicate that mercury is the remedy for the early manifestations of syphilis, and the iodides for the later lesions, as the gummata, deep ulceration, degeneration, involvement of nervous system, blood vessels, bones and internal organs. The late eye complications, as gummatous iritis, are usually quickly relieved by the iodides. They cause a breaking up and hasten the elimination of the syphilitic products, and improve the general nutrition of the patient.

Some advocate giving the mercury and the iodides at the same time. This is what is known as the *mixed treatment.* I prefer to give them separately, and usually at different periods.

There are many ways of administering the iodides. I am partial to

Rp.—Kalii Iodidi or Sodii Iodidi,
Aquæ, *aa* oz. 1.

Begin with 10 minims, well diluted with water, taken before meals, increasing one or two minims each day, being careful to avoid iodism or other unpleasant effects from excess of the drug.

Mercury and the iodides are eliminated largely in the urine, and may produce sufficient albuminuria to necessitate a discontinuance of either, until the kidneys are practically free from irritation or inflammation.

If the condition of the eye indicates, and the condition of the patient permits, the dose may be increased to dr. i to dr. ii. Rarely have I found it necessary to give more than half drachm doses.

Atropine. Any of its salts may be used. I will mention but one *Atropine Sulphate.*

Rp.—Atropiæ Sulphates gr. ss—viii,
Aquæ, oz. 1.

Atropine is indicated, *First,* Whenever it is desirable to dilate the pupil to prevent adhesion of the iris to the lens.

Second, When accommodation is painful, and it is desirable to put the eye at rest.

Third, To contract dilated vessels and thus retard the inflammation.

The following precautions should be observed:

(a) Avoid letting atropine pass into the nose,

(b) If the pupil does not dilate, use one or two instillations of a strong solution; if these fail, wait 24 to 48 hours, and try again.

(c) A dry throat, a husky voice, indicate constitutional effect, and require an intermission in the use of the atropine.

Having noted the indications for the use of atropine, let us observe some of the *contraindications,* also dangers arising from its use.

(a) Increase of tension in the eye is a positive contra indication.

(b) Patients past the age of 40, as a rule, do not tolerate atropine. In these cases atropine tends so increase the tension of the eye, producting glaucoma,—a condition extremely fatal to sight. I am sorry to say that I have seen many persons in a state of absolute

blindness, which, in my opinion, was entirely due to the lack of skill on the part of the family doctor.

Pardon me if I give a brief synopsis of the stories which these unfortunates bring to the oculist.

"Doctor, I have come to you to see if you can do anything for my eyes. Some months ago, I had a sore eye, or had neuralgia in my head. We called in our family doctor, in whom we have so much confidence. He told me that it was some simple trouble, that everything would be O. K., and gave some eye drops which scattered the sight, but the pain was so great that we had to call him again. Now, he was sure that it was neuralgia, and not an eye trouble. The pain finally got better, but I can't see The doctor cured the neuralgia, now we would like for you to give us something for the eye."

Look into such an eye and there you will behold the battle ground where ignorance and disease have waged a relentless war. Disease won, and stamped its enduring mark unerringly, where those who know can read the record of what took place.

I sometimes wonder what my duty is in such cases. If I say: "My friend, I am sorry to inform you that I cannot benefit you," many will say, "My doctor told me that he did all that could be done," etc., etc.

I hope that none of you will ever make such a mistake, also that you will aid others to avoid such mistakes in the use of atropine.

For the mutual benefit of all concerned, permit me to compare some or the prominent symptoms of Iritis and Glaucoma (acute.)

First, Those which are alike, or very similar: defective vision, conjunctivitis, haziness of cornea, discolored iris and neuralgic pain.

Second, Those of contrast:

Iritis.	Glaucoma.
Cornea—sensitive,	anæsthetic.
Iris—contracted,	dilated, if not adherent to lens.
Ant. Chamber—of normal depth,	shallow.
Tension—about normal,	increased.
Pain—	more constant.
Halo About Lamp—absent,	may be present.

Having briefly considered the three most important remedial agents, let us notice the other treatment. If the eye is painful, or shows evidence of inflammation, place the patient in a dark room and in bed. Apply hot fomentations of boraric acid, fifteen to twenty minutes, every one to three hours. These will aid in allaying pain and improving nutrition. If his bowels are not free, give

salines. When the eye is free from pain and redness, stop the atropine and give your patient colored glasses to protect the eye from light, and permit him to go out of the dark room. Instruct him to avoid the use of alcohol or other stimulating drinks, also smoking. If there is a refraction error, have it corrected. He should avoid the close use of his eyes for several weeks, possibly months.

Let us notice some of the troublesome conditions:

First, Pain without increased tension. Hypodermics of morphine and atropia should be given.

Second, Pain, with increased tension (the eye feels hard). Hypodermics of pilocarpine muriate, gr. 1-10, repeated until sweating is profuse. Keep the patient in bed, and well covered. If this fails operative treatment is necessary.

Third, Hypopium, which will not disappear under treatment outlined. Open anterior chamber, and irrigate with normal salt solution.

Fourth, Complete synechia requires a broad iridectomy.

Fifth, Severe inflammations; leeches or cupping are sometimes useful.

Realizing that I have already encroached too long upon your valuable time, and that my subject is one which cannot be taken up in its entirety with any hope of touching upon all its salient points in the short space allotted to each paper, I have purposely omitted the consideration of Hereditary Syphilis and Syphilitic Keratitis. My aim has been to present the subject in so concise a manner as would make it of practical interest to the general practitioner, as well as to the specialist.

The Pennsylvania State Journal saw our JOURNAL for the first time in July, and calls ours a new journal. It criticises us for carrying "unethical" advertisemnnts. That reminds us that the United States Postoffice Department would be glad if we would register under the act of 1894 and carry no advertisements at all.

At the last meeting of the 1st District Society the Secretary was instructed to prepare and report to the JOURNAL the news of the County Societies and the profession in its jurisdiction. This can best be done through the County Secretary (wherever there is an Auxiliary) sending in such news items before the first of the month. Where there is no County Society a special correspondent has been appointed: Brown, W. W. Nye; Geary, P. Daugherty; Jackson, C. J. Tucker; Morris, J. H. Garey; Nemaha, Noah Hayes; Osage, F. E. Schneneck; Pottawatomie, A. E. Gundry; Riley, L. J. Lyman.

DISTRICT NEWS.

FIRST DISTRICT.

Dr. J. Naismith, Sec'y.—(See note p. 65.)

WYANDOTTE CO. Dr. Hugh Wilkinson, Sec'y.

The County Society has held regular meetings at which some excellent papers were read:

Retro-version and retro-flection of the Uterus with Reference to Treatment—Dr. G. M. Gray.

Smallpox—Dr. J. F. Hassig.

Transverse Presentation—Dr. John Troutman.

Syphilis—Dr. S. S. Glasscock.

Abortion—Dr. T. C. Benson.

Dr. Hugo Wilkinson has been appointed physician to the Kansas Institution for the Blind.

Drs. G. M. Gray, S. S. Glasscock and F. M. Tracy have leased the Bidwell Sanitarium in Grandview, Kansas City, Kansas.

Dr. C. C. Goddard will succeed Dr. M. P. Sexton in the chair of Nervous and Mental Diseases in the College of Physicians and Surgeons of Kansas City, Kansas.

LEAVENWORTH CO. Dr. C. K. Vaughn, Sec'y.

The County Society now numbers twenty-five out of fifty-four regular physicians.

There have been two meetings one of which was a business meeting. A paper on gall stones was read and several cases discussed.

The Leavenworth Society finds that there is difficulty in getting the men to prepare papers.

SHAWNEE CO. Dr. W. L. Warriner, Sec'y.

The Society meets on the first Monday night of each month at the National Hotel.

The membership numbers fifty-five and three new applications have been received.

The Society has a banquet and social once a year.

TOPEKA, KAS., July 9, 1903.

The Shawnee County Medical Society met in regular session on Monday evening July 6 at the National Hotel.

Present, H. L. Alkire, President; Drs. Eastman, Peers, Esterly, Martin, W. E. McVey, R. E. McVey, S. E. Smith, Ida Barnes, Chamberlain, O. P. Davis, Andrews, E. M. Brockett, McNaughten, Warriner, Enoch, Greenfield, Harper.

Dr. B. D. Eastman read a very interesting paper on "The Nurse, the Physician, the Training School," which was fully discussed.

Dr. Peers read a paper on "Maternal Feeding."

The doctor, first contrasted the knowledge of twenty years ago with that of today; showing that our knowledge of artificial feeding had greatly increased but that maternal feeding was still the best. A mother should nurse her baby unless,

1. The mother has tuberculosis.
2. She had serious complications during parturition.
3. The mother has chorea or epilepsy.
4. She is suffering from serious chronic diseases or is very delicate.
5. Has tried before and could not nurse her baby.
6. No milk is secreted.
7. Mother is nervous, irritable and unwilling to nurse baby.

The milk is produced by the protoplasmic cells of the breast, largely at the time of nursing. Proteids and fats are the most important elements in the milk and most apt to be at fault when the milk does not agree with the baby. If the milk does not agree with the baby it is evidenced by the following:

1. The baby fails to gain in weight.
2. It nurses a long time and even then is not satisfied.
3. It nurses eagerly a few minutes and then cries and refuses to nurse.
4. The baby frets much, has colic, and sleeps but little.
5. The baby vomits, or has diarrhea, and the feces are green and contain curds.
6. The feces smell sour and are foamy or smell foul.

If the milk of the mother disagrees with the baby it is usually because either,

1. There is too much over rich milk.
2. There is too little poor milk; or
3. There is enough but it is too poor.

We should make an earnest effort to change the mother's milk so that it will agree with her baby.

The principles involved are:

1. To reduce the proteids, Have the mother take out door exercise, and eat easily digested food in which there is not an abundance of proteids, also drink more liquids.
2. To decrease the fats, eat little proteid and use a large quantity of liquids. Also lengthen period of nursing. In addition to the above one should pay special attention to hygiene and general health of mother.

The names of Dr. Gilliman and Dr. Enoch were presented and referred to a committee on membership.

The following committee was appointed to confer with the committee from State Society, Grubbs, Davis, Hogeboom, Esterly, Munn.

Adjourned. W. L. Warriner, Secretary.

DOUGLAS CO. Dr. A. W. Clark, Sec'y.

The Society meets on the first Tuesday of each month.

Papers are read at each meeting and there has been one clinic. At previous meetings—

Dr. Clark read a paper on Sanitation and Vital Statistics.

Prof. Sayre one on the U. S. Pharmacopœia.

Dr. Morse gave a report of the meeting of the A. M. A. at New Orleans.

Dr. Hoxie gave a report of the meeting at Concordia.

The regular meeting of the Douglas Couuty Medical Society was held at the home of Dr. Naismith, August 4, 1903. Those present were: Drs. G. W. and H. T. Jones, Naismith, Hamman, Hoxie, Boyd, Laslett, Smith and Clark. Mrs. Boyd, having come from Baldwin with Dr. Boyd, was present. The secretary reported the driving out of a "Doctor" Lower from the county and told of the efforts made to get rid of a Miss Larsen, a magnetic healer, who was at work in Lawrence. The present law has no control of such healers as they do not use drugs, do not perform surgical operations, do not practice osteopathy and do not use the titles M. D., Dr. or Doctor.

It was moved by Dr. Naismith that on payment of the admission fee the treasurer of this Society be instructed to refund the county admission fee to all who were members of the State Society prior to the reorganization of the Douglas County Medical Society. This action not to be in force later than January 1904. Carried.

Dr. Hoxie moved that that the Secretary be instructed to find out from the Treasurer of the State Society the financial status of all Douglas County members of the State Society and take charge of the collection of dues from such members. Seconded and carried. It was moved, seconded and carried that the Secretary prepare records of meetings and abstracts of papers for the *Journal of the Kansas Medical Society.*

Dr. Naismith then read a paper on the Physical Condi- of the student which is to be printed in the Journal.

Adjourned. A. W. Clark, Sec'y.

Dr. C. J. Simmons has equipped a hospital and has opened it to the public with Dr. Keith as house surgeon.

The doctors of Lawrence played a game of base ball with the lawyers of the same place and defeated them by a score of 5-2.

Dr. G. W. Jones is building a hospital which he expects to have in running order in September.

ATCHISON CO. Dr. E. T. Shelley, Sec'y.

The Society has not been organized long enough to be able to give a very satisfactory report.

The Journal

OF

The Kansas Medical Society.

Published Monthly by The Kansas Medical Society.

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MEDICAL EDUCATION.

The August 15th issue of the *Journal of the American Medical Association* is that journal's fourth annual educational number. It records the fact that in the United States there are 154 institutious granting the degree of M. D. and three others doing preparatory work only. "Of these, 121 (+3) are regular, 19 homœopathic, 10 eclectic, 3 physiomedical, and 1, the National Medical College of Chicago, nondescript, this institution advertising to teach not only according to the tenets of the four 'schools' mentioned, but also osteopathy." There is a decrease of one during the year, three new ones having started and four gone out of existence. In 1880 there were 72 regular, 12 homœopathic, and 6 eclectic colleges. In 1890 there were 93 regular, 14 homœopathic and 9 eclectic colleges. Thus all the "schools" have increased in colleges. Thirty medical colleges located in towns of less than 50,000 give the medical degree. Ten are in towns between 30,000 and 40,000, two in towns between 20,000 and 30,000, six in towns between 10,000 and 20,000, and *nine in towns of less tkan 10,000* inhabitants. Kansas City has six schools with only 163,752 people, Chicago has 14 with 1,698,575 people, and New York with her 3,437,202 people has only seven, a notable tribute to strict laws and high standards.

There were 27,615 students in the medical colleges last year, 24,930 were in the regular schools, 1,498 in the homœopathic, 848 in the eclectic and 339 in

the physio medical and nondescript schools. The regulars showed an increase of 52, the homœopaths a decrease 119, the eclectics an increase of 83, and the physio medicals an increase of 98. The number graduated was 5,698 an increase of 699. President Billings estimated the need of physicians at 3,000 yearly. It looks as if we ought to decrease the output one half if the profession is to maintain its high standard.

In discussing standards of education we find that the Germans have decided to make imperative one year of practical work before the licensing examinations. This illustrates the need in the last years of school life of more practice than theory, of better clinics and bedside instruction. The English already require more than a year of hospital practice. Hence we Americans shall be only falling into line with those of greater experience than ourselves when we demand of our medical schools a greater opportunity for clinical study. In this connection it is interesting to note that at Northwestern (Chicago) 2,064 hours are given to clinical work, at Bellevue, (N. Y.) 788, at the University Medical College of Kansas City 532 hours, and at the Central Medical College of St. Joseph only 338 hours are given. Comment is needless.

Of course every one will grant that the greater schools can meet these increased demands, but can the schools in smaller towns do so? In other words can high class medical training be given in the smaller towns. To answer this question let us take the case of Lawrence. Suppose that we had here a pavilion hospital on North College hill, with twenty to thirty beds in each pavilion—surgery, internal medicine, pediatrics, gynæcology, infectious diseases, and opthalmology and otology. In each of these departments two students could act as under assistants for terms of six months each. This would give us 24,—a sufficient number, for it is the number of probable graduates each year. Besides this six or more should be sent to Osawattomie for similar terms of service where in their splendid new infirmary as well as in the regular wards a grand opportunity for actual learning could be given. This experience should count as regular instruction, provided, of course that the work done was satisfactory. Such hospital facilities could be maintained only by the State, but it would be decidedly to the State's advantage to maintain them. In the Lawrence hospital could be maintained many of the county charges with much good to the patients, and with no increase of cost to the counties. But we need not elaborate the practicability of the scheme, when we have only to see the results in Michigan.

The students of such a school would be more carefully and scientifically trained than if turned loose in the dispensaries of a great city, or than if they in great crowds witnessed a dozen operations a day. For it is not how many cases a student gets a glimpse of, but how well he studies a few types, that makes him the successful physician.

For these reasons thus crudely stated we disagree heartily with the dictum that medical schoolsshould be only in large towns (*i. e.*,) larger than 50,000 pop.). Heidelberg, for instance, has only 35,000 people, yet her medical school is one of the best in the world. Furthermore the system of practical instruction advocated above is the one actually in use in Europe. The writer has seen the system in operation in Heidelberg, in Munich and in Zurich, and knows of its workings in London. He can therefore vouch for the success it obtains. In Zurich many students are not content until they have served as under assistants in nearly every department including psychiatry. And these students are the ones who "know and can."

We commend the scheme to the earnest meditation of our colleagues.

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* CONSERVATISM IN PELVIC SURGERY.

F. H. MARTIN, M. D., TOPEKA

"Conservatism in Pelvic Surgery" is the title of my paper, but to be more definite, I shall confine myself to the uterus, tubes and ovaries. Surgical conservatism in pelvic surgery means an earnest effort on the part of the operator to spare all sound organs and such parts of diseased organs as have a reasonable chance of recovery. Preventive surgery, as well as preventive medicine, is the coming practice. Minor operations are done early to prevent the necessity of more serious operations later on.

It is not my purpose to go outside the pelvis, but it may not be amiss to remind the general practitioner that a bad laceration of the perineum may result later on in most distressing pelvic troubles. I speak of this because it is a condition often overlooked. The vaginal troubles which have to do with and which cause or aggravate uterine disease or displacements are:

1. Rupture of the recto-vaginal septum at the cervix or perineum.
2. Relaxed vaginal outlet, which is usually the result of child-birth.
3. Minor traumatic affections.

All of these troubles should be repaired as soon as made or discovered, as they bear an important relation to more serious troubles.

The diseases and accidents peculiar to the uterus which attract the attention of the surgeon most are:

1, Dysmenorrhea; 2, Endometritis; 3, Traumatic injury to the cervix (at child-birth); 4. The various forms and degrees of displacement; 5.

* Read at the 37th annual meeting at Concordia May 7, 1903.

The sequellæ of abortion, accidental and induced; and 6, last but not least, the catarrhal troubles which affect the entire pelvic viscera.

Dilation of the cervical canal yields splendid results in a large number of cases of dysmenorrhea, but will of course fail where the trouble has been induced by disease, either of the ovaries or the tubes. A thorough examination should always be made, and a clear diagnosis arrived at, always keeping in view the fact that dysmenorrhea is an early symptom in a large variety of ovarian and tubal cases.

Following dilation of the cervical canal, curettage should be recommended to remove retained membranes after miscarriage and all abnormal tissues should be scraped away whether infected or not. We should always remember the continuity of tissue between uterus and tubes, and that an infection of one means infection of the other if allowed to exist for an extended period. Packing of the uterus after curretting is a doubtful practice, because if the cervix is well dilated drainage will be established and the organ will take care of itself.

Suspension of the uterus should be resorted to in retro-deviation when more mild methods fail, but if it is possible to reduce a flexion without operation, there is a reasonable excuse for continuous treatment until a permanent cure is obtained. If by reason of adhesions the deviation cannot be otherwise corrected, then such adhesions should be divided and the organ should be suspended.

Conservative operations upon the tubes and ovaries are limited by reason of delay on the part of both the attending physician and the patient. Operations requiring the opening of the abdomen are postponed so long that when the surgeon sees the case, it is so far advanced that conservatism is impossible.

Some years ago there seemed to be a mania among surgeons for unsexing women, and the women seemed to be very easy victims. Women suffering from dysmenorrhea, hysteria and a long list of other troubles, were castrated without further hesitation, but now, at this more advanced stage in surgery, a thorough investigation is made, every case is considered by itself, the diseased ovary or partially diseased ovary is examined, and as much as possible is saved. Small ovarian cysts are opened, adhesions of tubes and ovaries are broken up, tubes are washed out, portions diseased beyond repair are removed, and the surgeon is receiving more credit for saving a woman from mutilation than he would receive for a more extended and dangerous operation.

Adhesions of tubes or ovaries to other structures should be broken up or divided, and the organs repaired and left in as nearly normal state as possible, removing neither except for actual disease of the organs themselves; and if only a portion be diseased, then remove such diseased portion. If a

tube be closed, it may be opened. If diseased beyond repair, the ovary may be saved, thus making it possible for the woman to become a mother; but if both tubes are removed, one or both ovaries should be left, if possible, or even a portion of an ovary is better than no ovarian tissue. Your patient will menstruate without tubes, but not without ovaries; she will enjoy good health without tubes or even without uterus, but the larger per cent of women at any age minus their ovaries do not enjoy good health.

Another class of cases that admits of less opportunity for conservatism is where abcess exists. Pelvic abcesses cannot be treated by any fixed rule, because no two are alike. All, however, are caused by the invasion of micro-organisms, either taken up through the lymphatics or through the uterus and tubes. The best judgment of the surgeon is here brought into the case, conservatism is lost sight of in the effort to save other organs from infection. Tubal abcesses, abcesses of the ovary and uterus are removed, curretted and cauterized and the function of the organ is not necessarily changed. Abcesses of the floor of the pelvis are reached through the vagina, drained and packed, and recover without complications.

The malignant diseases of the pelvic viscera require heroic measures. No conservatism can be practiced except you count an early diagnosis and radical operation to save life itself conservatism.

The surgeon of today is not a better operator than was the surgeon of twenty years ago. He does, however, excel in diagnosis. He has the facilities and knowlsdge and knows how to apply them. The microscope, chemicals, reagents, electricity, etc., are relied upon for a large share of his findings. He has the experience of his predecessors added to his own. He is better versed in the technique of preparation before and care after operation than was his predecessor. He knows and appreciates the value of an organ to its owner. He realizes his own value in a community as an important adjunct to the physician, if you please. He is looked upon as an agent of repair, assisting nature to repair the damages of transgression and neglect, and not as a butcher who is simply a dreaded necessity.

The general practitioner also has improved. He is better qualified to make diagnosis in surgical cases and is more willing to call the surgeon before the day of grace is passed.

In conclusion, we must predict that with the physician and the surgeon agreeing on the policy of conservatism, preventive medicine and surgery, advanced ideas in technique, this century will be crowned with a higher degree of conservatism than ever.

DISCUSSION.

DR. BIRD:—An old army surgeon once said: "A butcher can take a man's leg off, but it takes a surgeon to save it."

DR. HUGHES:—I don't quite agree with the doctor's statement in which he says the surgeon of today is not a better operator than was the surgeon in the old days. I am glad to hear him speak of the senseless rage of a few years ago for needless operations; there was a time when it seemed that the surgeon gauged his success as an operator upon the number of ovariotomies he could perform, and the average practitioner wanted to do at least one such operation.

DR. CHAMERLAIN:—I think that the doctor is altogether too *ultra* in his statements regarding vaginal puncture. I think vaginal puncture is all right in certain cases, but ordinarily laparotomy ought to be performed and the source of the trouble removed. Where any doubt exists as to the diagnosis, laparotomy is the only sure method. No abcess should be opened up through the vagina without first exploring the abdomen through the abdominal wall.

DR. MARTIN:—In regard to the matter of abcess of the floor of the pelvis, puncturing the *cul de sac* of Douglas, draining and packing from this point is better than any other method. Today many prominent surgeons of the United States and Europe are using this method almost exclusively, going in through the abdominal wall, sewing up abdomen entirely, and instituting drainage through the vagina. I remember distinctly a case I had about three years ago, in which the abdomen had to be opened up three times; when the fourth operation was indicated I went through the vagina with immediate good results and perfect drainage. It has now been a year and a half with no further trouble cropping out.

TRAUMATIC EPILEPSY.

REPORT OF A CASE.

A HAGGART, M D., OTTAWA

Coroner of Franklin County.

Harry F. H———, aged 27, family history negative, no signs of degeneracy, insanity or alcoholism.

About November 1, 1898 while aboard the transport taking the 20th Kansas to the Phillipines, during a violent storm, patient was pitched headlong into a hatchway. This raised a bump on the right side of head directly above right ear and gave him pain for several days. He did not, however, have to go into the hospital. After his discharge from service he suffered considerably from headache, but was not kept from work. In the beginning of 1902, he had frequent attacks of twitching in his left arm.

On July 4, 1902 patient was siezed with a violent spasm beginning with twitchings of the left angle of his mouth passing to the left arm and side. The patient became unconscious, the breathing sterterous, pulse slow and strong, pupils dilated and fixed—conjugate deviation to left side; and there

was incontinence of urine and vomiting. This condition would last two to three minutes and occurred at intervals of ten to fifteen minutes and finally became almost continuous on the day of operation. During all this time he suffered from headache. On July 11, 1903, Dr. F. C. Herr and I operated on the patient, a trained nurse administering chloroform as anesthetic, After the head had been shaved we found the scalp swollen and purple, on the right side directly above ear, corresponding to the history of injury. Then we lifted a horse-shoe shaped flap of skin from the middle third of the parietal portion of the head, and removed a three-fourths inch button of the bone a trifle anterior to the ear and three inches toward the vertex. The brain bulged out and exposed a black coagulum the size of an olive under the meninges. This was removed and the bleeding arrested by five catgut (No. 1) ligatures in a full curved Hagedorn needle. A gold foil plate was laid over the opening. The skin flap was sutured with a drainage tube in each end and the whole covered with iodoform gauze. No elevation of temperature followed the operation.

During the first three days after the operation the patient had two or three slight spasms with headache and pain at the site of operation. Then he was free for some ten days. I put him on digitalis, potassium, bromide and laxatives, and he had no more siezures for 60 days.

Two months after the operation the patient, while stepping into a buggy, slipped and fell, producing cerebral concussion. This evidently caused a secondary hemorrhage, for thirty days later he had a few slight spasms but was able to walk about. It seemed impossible to keep him quiet. About sixty days after the aceident the patient was out of doors after a rain and when about a block away from home, slipped in the mud and had another attack with headache and slight spasms.

From this time on occurred a progressive weakness until in March 1903 he went to bed suffering not only from weakness but also from incontinence of the bladder and bowels and inability to swallow his food or even medicine.

He died on April 6, 1903. Unfortunately we could hold no autopsy and are therefore unable to state the exact condition of the nervous centers.

The diagnosis of pressure in the region of the Fissure of Rolando was based upon the focal symptoms. The clonic spasm of the left angle of the mouth recurring frequently and then becoming chronic, the similar siezure of the left arm and whole left side, these together with the conjugate deviation of the eyes in the left, all pointed to an involvement of the convolutions bordering on the fissure of Rolando from almost its lower end to the height of the superior frontal sulcus. That the lesion was in the cortex was shown by the fact that there was little or no sensory disturbance.

EDITOR'S NOTE—We are very glad to print the foregoing case report because it shows a tendency toward aggressive effort to save life. It is of value, too, in showing what can be done at home without the aid of specialists. When we consider that even von Bergmann cured only 16 out of 99 cases of rupture of the arteria meningea media, we can appreciate how great was Dr. Haggart's and Dr. Herr's success.

A notable thing in connection with this case is the length of time between the injury and the outbreak of symptoms, nearly four years. We have questioned Dr. Haggart on this point and he assures us that diligent inquiry failed to reveal any other cranial injury. Of course the typical course in cranial hemorrhage is to have a short period of comparative well being before the increasing pressure makes itself felt. But this period is measured in hours and days, not in months. We must conclude, if we accept it as a fact that no other injury intervened, that the blow on board the transport ship simply injured the walls of the artery and its surroundings, so that the actual break was exceedingly small or occurred later under the influence of some slight unnoticed stress.

It seems to us, now and at a distance, that for the secondary hemorrhage it would have been justifiable to ligate the carotid artery. There is a record of seven such cases where the common carotid was ligated and three of them were saved. At any rate this would have been better than a reopening at the former wound.

In cranial injuries where there is no skull fracture, hemorrhage is liable to occur chiefly from the arteria meningea media. This gives us three places where we may expect the site of the hemorrhage: *First*, in connection with the anterior branch in and about the parieto-frontal suture; *Second*, in connection with the middle branch and trunk involving the region in the semi-circle with a two inch radius withthe external auditory meatus as center; and, *Third*, the posterior branch of the artery in and about the parieto-occipital suture. These places may be easily reached by the trepanation of two places. These are best located by Krœnlein's line. This line was worked out by Prof. Krœnlein in the early nineties after he had seen two patients die on his hands for lack of reliable information regarding the treatment of cerebral hemorrhage. He found that if he took a horizontal line at the height of the upper orbital edge prolonging it backward parallel with the zygomatic arch, on it would lie the centers of the two buttons which if removed would lay bare any meningeal hemorrhage. The first point is the width of two fingers in front of the external auditory meatus and the second is two fingers behind the meatus. The anterior one is the more usual site for hemorrhage and it will drain out clots from the anterior and middle branches of the art. meningea media and the posterior opening is to be made

if the anterior one does not relieve the trouble (in a fresh injury), or when the symptoms point to the parietal, temporal and occipital lobes as being affected.

* ETHICS AND STATE LEGISLATION CONTROLLING THE QUALIFICATIONS TO PRACTICE MEDICINE.

GEORGE A BOYD. M D. BALDWIN KANSAS.

As a result of my faulty penmanship and grammar the printed program, besides its fault of construction and misuse of the word "ethics," assigns me a subject foreign to the one in contemplation when it was written. Allow me to state my subject as intended: *Ethics and State Legislation Controlling the Qualifications to practice Medicine.* I am guilty of using the infinite when the participle should have been used and my penmanship for the printer's translating legislation, legislature. In Missouri the ethics of the state legislature is being closely studied but my purpose is to speak of ethics as it pertains to legislation affecting the practice of medicine.

As in individual evolution there is a reciprocal relation between the various part of the body so in society there is a like relation existing between its various parts. Difference of parts and functions necessarily postulates co-operation whether in individual or social life. The relative influence of any function is determined by its influence upon the whole organism and the obligation of the function, to the organism is always coordinate with its importance; and, vice versa, the organism's obligation to the function. In social life by a division of labor those performing the same function in society form aggregates which through their reciprocal relations to other groups become inextricably bound together yet always retaining a definite value. As the function of any group of workers in society varies so the obligations of society to the group vary.

One hundred years ago the group of public school teachers was comparatively an unimportant one. They performed an indefinite, inconstant part in education and the State took small recognition of them. Today the function of the public school teacher is one of the most basic in society; well defined, constant and coherent, throughout the whole nation. As his function so are the laws which provide for his development and guard his quali-

* Read before the 37th annual meeting at Concordia, May 7, 1903.

fications. As his importance has increased so has his subordination to the whole. Ethics is the science which relates these parts according to their true values. Since all conduct is an expression of function, ethics is usually thought of from the side of conduct. Legislation defines by statute the relations existing in society between individuals, between individuals and the state, between groups of individuals, between groups, between the state and groups.

Only as legislators understand the true value of these various parts of society do they approach justice. Legislation is both a sequence and a cause of progress. A sequence as it is an expression of an evolution already accomplished, and a cause as it defines and regulates function. Legislation resulting from a misinterpretation of the relation of the parts to the whole develops function in a suicidal direction, or, as many of our statutes do, loses its force by non-enforcement.

In the recent past many new and important facts have enormously increased the usefulness of the medical profession. One shudders to think of the calamity that would come to the nation, state or city bereft of the protection which the group of medical workers has brought to it within the last thirty years. While the medical profession is not as great as its creator, our present civilization, it constitutes one of its most vital parts; and the individual unit, the doctor, whether he be teacher or practitioner, must attain a high degree of proficiency before he can bring to society the protection which the facts of the science of medicine as it exists today, places within his reach. Throughout the civilized world society assumes this protection as a matter of fact and acts upon the assumption. The citizen no longer fears epidemics unless he is uninformed or mistrusts his health officers. As a result of our newly acquired usefulness we have grown to a higher estate in society. A broader and better technical education is imperative before the facts of the science can be understood or the practical appreciation can be utilized. The condition has been generally recognized and the reciprocal relations between the profession and society have been defined in a majority of the states by statutory provisions. These laws are the expression of an evolution already a fact. As soon as they find expression in a statute they become forces for or against our future, and are just subjects of our most careful criticism. I am aware that he who criticises from any other motive than a living vital interest, yea a love kept green by deeds, is a false prophet and an abomination fit for the fires of contempt. Silence in the presence of understood error is no less grievous.

Since our own law, passed in March 1901, has as its purpose the same end and is on the same general plan, and under similar social conditions as most of the other state laws recently passed, an analysis of its provisions and their validity according to the concept of ethics already mentioned will

serve at least to bring before you our relations to society as defined by our legislatures. Chap. 99, Art. 9, Sec. 6669, provides for a board of examination and registration,—to consist of seven members to be appointed by the governor, one member for one year, two for two years, two for three years, and two for four years, and "the successors of each shall be appointed in the same manner for a term of four years." Six years practice, good standing and a reputable diploma are required. Representation of the different schools in proportion to their numerical strength as nearly as possible, provided no school has a majority of the whole board, is required. It provides for the board's organization and requires five members for a quorum, and affirmative vote of five when full board is present, a majority vote when less. It requires a correct record which shall be *prima facie* evidence of all matters recorded therein. A bond is required of their secretary. Four meetings yearly are required, and other meetings as the board may deem necessary.

Sec. 6,670, Art. 9, Chap. 99, defines the qualifications necessary to practice. For physicians already in practice it gives four months from the time of the passage of the law to register by presentation and verification of their diplomas. If a physician has no diploma ample provision is made to guard the rights of those having vested rights from years of practice; and for those who have practiced without a diploma less than seven years prior to the passage of the law it provides an examination, and license if the examination is satisfactory to the board. The law prohibits the board from granting license to the criminal or the grossly immoral, or those addicted to the liquor or drug habit. It also provides that after notice and hearing the board for like cause may revoke any license already issued.

Section 6671 defines the procedure and requirements for obtaining a license by those already engaged in the study of medicine at the time of the passage of the law and by those who after the passage of the law take up the study of medicine. Three years of six months each, no two terms to be in the same twelve months, are required of those examined before April 1902. After April 1902 all candidates must have had four terms of six months each, no two terms within the same twelve months, before they can come before the board for examination; which "shall embrace all those topics and subjects a knowledge of which is generally required by reputable medical colleges in the United States, *provided*, that the examination in *materia medica* and Therapeutics and in the theory and practice of medicine shall be conducted by those members only of the board who are of the same school of practice as the applicant claims to follow; *provided* further that graduates of a legally chartered institution of the United States or foreign countries in good standing as determined by the board, may be at the discretion of the board granted a license without examination." It provides

that a graduate in osteopathy from a legally chartered school of four years' course of five months each, no two terms in the same twelve months shall be given a certificate to practice osteopathy on presenting his diploma.

It provides for accepting certificates of other state examining boards whose requirements equal its own, and for the issuance of temporary permits to undergraduates. Secs. 6672, 6673 and 6674 and 75 provide for recording certificate, fees, defines practicing and prescribes penalties.

It is astounding with what pertinacy dogma and pretense perpetuate themselves, and how the wolf can hide in sheep's clothing. If you were to ask the author of the above law to write a law to perpetuate dogma and give it the state's seal of authority he would only need add this one, "*provided*, That all persons engaged in the study of the science of medicine independent of dogma are barred from the provisions of this act!"

This strips the wolf of its sheep's clothing and leaves us to face our error and our shame; for it is our own garment in which we have so securely ensconced the animal that gnaws at the heart of science. Not alone in our own state but in all the states the recent medical laws give to dogma the same rights that it does to fact. The science of medicine includes all the known relations of cause and effect, their useful application, the facts of physics, chemistry, histology, anatomy, physiology and pathology of the human body. To recognize more or less takes us out of the pale of rational conduct and gives to opinion the value of fact. If the dictum *similia similibus curentur* is true the State has a right to demand of all who practice medicine a knowledge of this fact, not only a right but a duty to demand it in the name of science as it does the facts of anatomy. If the dictum does not rest on a basis of rational causation the State has no right to ask the question as a measure of the applicant's qualification, much less to use it as a means of setting him apart as having something special,—leaving this something shrouded in that mystery so alluring to uncultivated minds. Such conduct on the part of the State must remove the citizen from the real helps of science. It is also evidence that in the State's mind there is no difference between a dogmatist and a scientist. Before answering this criticism wit the retort, "impossible to achieve" it will be necessary to show that it is wrong.

The greatest misfortune of our recent legislation is that it not only provides for members of each school on the board but also a different basis for the same function is recognized. Certainly the same questions of fact should have been made the basis of qualification allowing any school to ask such questions as the state of our knowledge might warrant. To attend an examination when homœopathic questions, allopathic questions and eclectic questions are made the basis of your fitness to practice medicine is an anachronism no less humiliating than a state teacher's examination when the

questions in geography are arranged according to the "flat" or the "round" system. I am not unmindful of the forces which have brought about these results. Political methods are as open to men with wrong purposes as to those whose cause is right. The State already having recognized the various schools was obliged to make good its protection to those already practicing according to its laws. For not only individual lives and fortunes were built upon the assumption of this protection, but schools, societies were organized and developed a professional class with its *clientele* which embrace a goodly per cent of the citizens of any community. These doctors and their patients, made sensitive by criticism yet entrenched in their position by the State could not see that legislation which grants equal privileges to all yet takes from them their special privileges was right. The regular profession having but little of the breath of science breathed into its every part has not seen the situation with clearness enough to meet the question from the high plane of equal privileges to all and special privileges to none.

As the average legislator has no coherent idea of the forces he sets in motion by legal enactments and still less comprehension of the ethical aspect of the means he employs, he has no other guide than that of friendship, sentiment or avarice, with perhaps a good modicum of respect for the occult.

To submit the question of qualification requirements to a direct vote of the people would measure the people's understanding of the possibilities of scientific medicine. No one doubts but that this would reveal a very imperfect understanding,—such an imperfect knowledge as would endanger our civilization. In other words I believe that (with all its defects) there is an unselfish power for good at present exerted by the medical profession that maintains civilization on a higher plane than a popular vote would demand; that as a profession we rise above the conscious needs of society and with a true philanthropy guard it from dangers it does not comprehend. At the same time I as firmly believe that social evolution tends to bring the whole into a proper conception of its parts, which will demand of every group of workers the fulfillment of all its possibilities. Further still, the science has outgrown the profession, and as a profession through its examining "boards" it does not demand an efficiency that with our present equipment and methods of instruction in the best colleges could be given the majority of students in three years. The science of medicine has developed so rapidly that the profession does not represent in its practical application the possibilities of the science. It has advanced beyond the limit of present adaptive cooperation of its parts. We have in our state board of examination and registration an example of the influence of these forces. It is made up of two eclectic, two homœopathic and three regular practitioners. They are in close touch with the people and the politician and have enough respect for

the law to enforce its forms and a sufficient touch of mercy to give enough elasticity to allow the graduates of the poorest schools to obtain a license to practice medicine in the state. They are far removed from the centers of medical education and scientific environment. Few of them are conversant with scientific methods or laboratory instruction and, so far as I have learned, none of them engaged in independent research. I have seen but one of their names on the program of this society or known of any interest taken in our work. If there is any scientific or true educational spirit pervading the board it is my misfortune that I could not discern it in the course of a most humiliating and instructive acquaintance. It is painful to make this criticism, for I am sure the board as a whole does not lack in genuine fellow feeling and an honorable purpose. They have great faith in the effects of the formality of the law and while they positively assured a candidate, who never asked any such favor, that he would pass and get his license yet he must take the examination; in spite of the fact that the evidence of his qualifications already before the board were perfectly satisfactory to it. Certainly this assurance taken alone only reveals a good heart and an unconsidered point in morals, since such a proposition forces the candidate to co-operate consciously with the board in a farcial examination, quit practice or defy the board. But this is not all, for when the examination was over and licenses granted, men who had no adequate knowledge were granted licenses to practice. If my position is doubted let this society appoint a committee to examine the answer papers on file with the secretary of the board and report upon its findings to this society. The injustice is all the greater since most of the candidates were good men and women and will do the work with credit. The injustice is no less to the unfortunate who has a license, unless he has character and education sufficient to feel the wrong position he assumes in accepting the license and by personal effort makes good his deficiency,—since the state from the beginning of his education has held out the possibility of securing a license by such preparation as he has made.

Now the reason for all this is not so much a fault of the board as it is a condition. It is a condition when the state demands more than it is prepared to teach and assumes no supervision of the four years of work demanded of the student before he becomes elegible to come before the board. The board, as we all do when we feel the injustice done the applicant, gives wide latitude to his answers to the examination questions which in themselves, so far as they pertain to the science of medicine are fair enough.

Now for the remedy. The means are at hand and need only to be organized, co-ordinated, and used. Medical education does not differ from any other education in its rudiments; and our public schools furnish that. A graduate of our public high school is competent to understand all but the most technical facts of scientific medicine. His education has been at least

fairly carefully supervised. Now let the State provide that his professional education shall be as carefully supervised, and eliminate in the second year all student who show incompetency. First, provide that no medical school shall have a charter until it has furnished competent instructors, laboratories and equipment to teach, physics, chemistry, anatomy, physiology, histology, pathology, bacteriology, materia medica and therapeutics and surgery, and then let the record of the daily work done by the student be the guide as to his ability to understand and to accomplish purposeful ends. Require a certain amount of this work,—enough of it to demonstrate that the worker is competent,—then give him a license to practice medicine. Put this supervision into the hands of a representative of each school of medicine elected by their state societies and to the teachers who have the daily supervision of the students' work. Examinations are an abomination, and greatly hamper the power to think and observe by the effort to remember. By such a stand we can eliminate the politician, place all on an equality, and provide for a real education consistent with the importance of our function in social evolution.

DISCUSSION.

DR. GLASSCOCK:—I was very much interested in this paper of Dr. Boyd's. It certainly was ably prepared, as all his papers are. It brings out some thoughts that are, and should be, very interesting to the medical profession in the State of Kansas. The idea which he entertains in reference to medical education is certainly very opportune and desirable; and while he explains these conditions as they exist, we, as a society, must not lose sight of the fact that medical legislation in Kansas has been a very difficult matter. We have had many efforts made by our legislators to enact suitable laws, but with the exception of the present one, they have been failures. He speaks about the different schools, different "*isms*," and different ideas entertained by them. I am an allopath, a graduate of that school, but if there is any one class responsible for the existing state of affairs, it is the Regular school. In the first place, it has only been a little while ago since we hated the homœopath, no matter where he was from, what his attainments were, he was a "homœopath," and we wouldn't have anything to do with him. The same idea still prevails to a certain extent. Although I have no respect for some of the opinions he advances, we are forced to admit that he has introduced a new era in the manner of administration of medicines, which comes as a very pleasant change from the allopathic doses of our childhood, for the people rebel against such doses. The homœopath came along with his nice little pill, and in order to make an impression on the public, he began to use our remedies; and he uses them extensively today, he uses them in the same sense that we use them, yet we fight him! The only point by which he gained was that he made his medicines pleasant. Just as soon as Mr. Homœopath bobbed up with his palatable little doses, we finally had to come to it, and that was a step in the evolution of medicine, that is, in the manner of giving it. We had to take into account that people wanted things that were pleasant. We have reached the point when we think these things are all right, provided they are advocated by the right kind of men. The faith of the patient in the physician is strong. Then comes along Christian Science, with all kinds of absurd theories and "isms," to catch the people. The sum total of it all, however, was *confidence in the doctor*, which has been in use since the beginning of medicine. There is no patient who can not be influenced if inspired with confidence in his physician

and that physician is a failure who cannot inspire his patient with such confidence! When Mr. Christian Science came along with his views regarding disease, etc., we immediately made a great howl, and raised Cain generally, *and spread abroad the idea*, and that was the idea that made him a success! Then after that had passed, the osteopath came along with his theory,—all must have a theory or people won't entertain them,—with his massage, etc., etc. We have been afraid of the power they might exert in our school, of the good accomplished, the results attained,—but the average practitioner neither knows nor cares anything about it. The osteopath comes in and says the bones are out of place, or the flesh is in the wrong place, and he forthwith sets himself to remodel the state of affairs, and to a certain extent he makes a success. Every man that believes in osteopathy, in little pills, in Christian Science, and our howls have only helped to spread abroad these new ideas, holds that he has a right to his views; and these thoughts and these ideas have interfered with medical legislation in the State of Kansas. Human nature is human nature the world over, and if you want to get positive results from any new movement you have got to meet conditions as they exist.

Now, as to the medical college. I graduated sixteen years ago from one of the grandest institutions in the country, Rush Medical College. At that time you could graduate from any institution in the country in two terms of six months each. However, that day has gone by, we are moving on, keeping step with the progress of the times, and there is probably no school in the country from which you could graduate in less than four years. Time was when a man could leave the anvil, and the next day begin the practice of medicine, but that day has gone by, and our advance in onward progress has not been paralleled in the history of the world. The advance in surgery keeps pace with civilization in its broadest sense. But we have not attained to these things all at once,—it has been a very gradual evolution and progress. While we must admit that the State Board has made mistakes,—"'tis wise men who make mistakes, fools never,"—we are conscious of a wonderful movement in the right direction. The time is coming and is not far distant, when our hopes will be realized, and the ignorant and incompetent doctor will not be permitted to practice. But we must not be in too big a rush; we must remember that in order to accomplish anything of value in this world it is best to go slowly. We must move along,—move along and endeavor to educate the public mind to our views in this matter,—and quit raising Cain about the osteopath, the Christian Scientist, and all the rest of the "paths" and "isms." We should realize that they are entitled to some consideration as well as ourselves, and when we get rid of these narrow and contracted views, then will the public be with us, and not until that time comes need we hope to succeed in our endeavors for a proper legislative action.

Dr. O'Donnell:—As author of this much discussed bill, I fully agree with most of the sentiments expressed by the gentlemen in this matter, but take exceptions to some, although they may appear apparently just. Securing the passage of legislation regulating the practice of medicine is no holiday pastime. Before I made up my mind to make a personal effort on behalf of the profession and the people of the State, I wrote a good many papers on the necessity of such legislation. They sounded well,—just like the doctor's. They didn't cost anything. I used to read them over to myself,—the sentiments expressed seemed very nice, but I was finally convinced that expression of sentiment barren of practical results availed nothing; then I decided that if anything was to be accomplished some one must make a sacrifice for the cause, so I decided to go to the Legislature myself. I soon found, however, that it took up much more time and cost a great deal more money than to write out a nice little paper and read it before an assembly of friends of the profession. You have the best law it was possible to secure after ineffectual efforts had been made for eighteen years to secure one. The objection urged now after the seven year clause has been disposed of is that it is too stringent, and that we should not insist upon a four years'

college course and examination for those who have been in practice for years. (I am not on the examining Board, but presume that the gentlemen who compose it exercise due discretion.) Gentlemen, I have studied this question from A to Z,—I believe that this qualification is a little too exacting, but don't urge that it be changed until our sister states recognize the fact that they had better make terms with Kansas, and when reciprocity arrangements are perfected between the State Boards of several of our states, we may then without detriment lower our standard a little. In the meantime, let's hold what we have,—and that is no easy matter. If some of you gentlemen should some time go to the Legislature and try it yourself, you will come to the conclusion that it is not fair to criticise those who have made personal sacrifices to endeavor to render a lasting service to our profession, as well as to the people of Kansas.

DR. AXTELL:—I am reminded of a sign I once saw hanging up in a dance hall: "*Don't shoot the fiddler, he does the best he can!*"

DR. BEACH:—I quite agree with Dr. O'Donnell. This Board possibly might have done the right thing if they had not "strings to them." They "lock the barn after the horse is stolen."

DR. GODDARD:—I don't know much about that Board of Registration; I know this, however, that they have done some very funny things. I know that last winter one of our best physicians had failed to register, being absolutely ignorant of the necessity at that time. He had sickness in his family and had gone East with his wife to have her operated upon. He came back and lo and behold!—he found that he was not registered, and that he had no right to practice in the State of Kansas. He wrote to the State Board, and they told him that he could not register as he had not had four years of lectures,—I don't think any of them had either! but he was not competent to practice, but had to go before the Board for an examination,—and he was one of the most prominent men in Leavenworth County, but could not register! Another physician from Butler County was in Europe. His day of grace had passed, and he could not register. He went up to Topeka just the same, and registered. Another case comes to mind. A physician had been away to the Phillipines,—had been there three years. Had been in practice some years before, having graduated at the Kansas City University. He made quite a record in the army,—but they told him if he practiced medicine they would prosecute him! He can't register, he can't take the examination, *because* they say, *he is a two-year man!* and is not eligible either to examination or registration. I'd like to know how they are going to get around these things. They make no discrimination in these cases, while a man who knows not a tenth part as much as he does, can register after attending a a few more courses. I claim there is something wrong somewhere.

DR. BOYD:—The discussion of my paper has been disappointing to me because it reveals the fact that the paper is at fault in not definining clearly enough the subjects considered. It might be that I placed too much feeling in my reading and obscured what thought there is in the paper. I hope those of you who have been interested sufficiently to discuss the paper will read it. If you then understand it as you seem to now then my purpose has been wholly lost.

From the discussion it would appear that my main purpose was a criticism of the law maker, and the examination and registration board. But the truth is my purpose was and is to define the relation of the profession to the social body and to define in a broad way an ethical statute covering this relation. This consideration revealed many defects in our present statutes and their enforcement. Until my analysis of the question is shown to be in error I could hardly be expected to apologize for its logical conclusions.

The only point in my paper that has been discussed was the criticism of the State Board of Examination and Registration. As I have said these crit-

icisms follow as a logical sequence of the analysis of the question under consideration. With a better understanding of the ethical relations existing between the profession and the State, such a law and such a board would hardly be possible.

Allow me to state again the essential points:

1. The science and art of medicine as represented by the medical profession are essential to our present civilization.

2. The right to practice only obtains as the individual acquires the knowledge necessary to use the facts of the science for the social welfare.

3. The State must define the minimum of qualification and to be just to the student and its citizens, must require of its medical schools an ability to teach the science and art equal to its statutory requirements of qualifications.

4. The science includes all demonstrable truths in all the so-called schools of medicine.

5. No "school" of medicine as such can be ethically recognized by the State.

6. The State cannot make over the profession as it now exists without violating former contracts made in good faith. It can make the future profession at least representative of the present advancement of the science by the supervision of medical education.

7. Until we, as a profession, can can go before the people and the legislature as a scientific body with our position in society rightly defined and ask that the State, for its own good, defines by statute our duties to the State and the State's duties to us can we attain a plane higher than that of the political grafter or expect from the State a deeper consideration. I had hoped that all of the above points were stated succinctly enough to elicit a general discussion of my purpose by this society. You have only to know this to understand the nature of my disappointment.

* PRESIDENT McVEY'S INAUGURAL.

At the close of the Thursday afternoon session of the Kansas Medical Society at Concordia, Dr. Brierly introduced the newly elected president, Dr. W. E. McVey, of Topeka, who responded as follows:

"I appreciate very much the honor which has been conferred upon me. I realize that you have bestowed upon me the highest honor which it is in the power of the Kansas Medical Society to give. I believe that when one is called upon to occupy any position in this organization, no matter what it may be, he should perform the duties which devolve upon him to the best of his ability, without any thought of personal benefit to be derived therefrom, and without any hope or ambition toward reward; and I am perfectly honest in saying to you that upon this principle have my relations to this Society been governed. I wish to assure you now that my anxiety and interest in the advancement and upbuilding of the Kansas Medical Society will never be less than it has always been."

*This part of the stenographer's report of the Concordia meeting became misplaced and was not brought to the Editor's notice until a week ago.

NEW MEMBERS—*Cloud County:* Dr. A. R. Marcotte, Concordia; Dr. W. B. Beech, Clyde. *Marshall County:* Dr. R. S. Fillmore, Blue Rapids.

A Correction—Dr. R. S. McLaughlin should be addressed at Hollis; not Clyde, Kas., as published in the July JOURNAL.

NEWS NOTES.

The First District Society will meet in Leavenworth October first.

Dr. C. F. Courtney of Esbon, Kansas, was drowned while in swimming the last day of June. He was a young man, well liked and progressive, doing a fine practice.

Dr. E. V. Turner, of Norton, Kansas, has just completed remodeling and improving his hospital and sanatarium.

Dr. R. J. Dicinson, of Kirmis, Kansas, has just put in a drug store with first class fixtures.

C. E. Caswell, railroad surgeon of the Santa Fe, of Holiday, has removed to Wichita, North Main Street.

Dr. F. Hilts has removed from Rantoul, Kas., to Moosonin, Canada.

Dr. Schuyler Nichols, of Liberal, Kas., has just returned home from a two months' course at the Post Graduate School of Chicago.

Dr. R. T. Nichols of Liberal reports that the grip of last spring was almost entirely of a nervous variety.

Dr. George A. Morrison, formerly connected with the medical college in Kansas City, Kansas, is now visiting his family and friends in Kansas City, Kansas. The doctor is located in Topalobampo, Gulf of California, and is employed as surgeon on the new railroad line there. His son is now sick with typhoid fever in the hospital at Kansas City, Kansas.

Several cases of erysipeloid as a result of contact with filth while working in the Armourdale district have been seen in and about Kansas City, Kansas.

Dr. W. F. Sawhill, of Concordia has just returned from a trip in the East.

Dr. Harvey Seyburn, a Brown county pioneer, is dead.

A letter to Dr. J. H. Garey at Wilsey, Kas. brought a reply from Berlin, Pa. From this we infer that Dr. Garey has changed his location and state society.

Illinois has 10,516 physicians, and of these 4,437 are in the affiliated societies. The Pennsylvania society has 3,675 members. Kansas has about 2,600 physicians and a society membership of 420. Yet in Kansas there are

just as many difficulties which could be best met by union. Physicians' incomes are here just as much out of proportion to their expenses as elsewhere. We are going to pay more for coal this winter because the miners are organized. Will it be at our expense?

Dr. J. E. Jewell of Moran is on a vacation trip to the Pacific coast.

The JOURNAL is indebted to the following gentlemen for going out of their way to collect information for our directory: Dr. J. N. Venard, Ness City; W. P. Wilson, Westmoreland; Dr. J. T. Shelley, Elmdale; Dr. J. R. Scott, Garnett; Dr. J. F. Pickerel, Lincoln; Dr. P. P. Trueheart, Sterling; Dr. Andrew Sabine, Garden City; Dr. C. F. Leslie, Meade; Dr. J. T. Nichols, Liberal; Dr. P. Daugherty, Junction City; Dr. W. D. McPherson, Anthony; Dr. R. S. Dinsmore, Troy; Dr. F. M. Dailey, Beloit; Dr. P. W. Barbe, Oswego; Dr. A. G. Smith, Oskaloosa; Dr. George A. Boyle, Winfield; Dr. M. C. Parker, Clay Center; Dr. W. G. Burris, Ottawa; Dr. H. E. Williamson, Olathe; Dr. W. F. Sawhill, Concordia; Dr. J. H. Garey, Berlin, Pa.; Dr. H. M. Ochiltree, Haddam; Dr. E. T. Shelley, Atchison.

Emporia, Kas., Aug. 24—The body of Dr. R. D. Hudson was found floating in the Neosho river above Neosho Rapids dam, ten miles southeast of Emporia today. He disappeared last Thursday, and is believed to have drowned himself. Hudson had a family living at 431 South Seventh street, Atchison. He had lived in Neosho Rapids about two months. The verdict of the inquest jury was that he was drowned while under the influence of morphine, to which he is said to have been addicted.

Dr. J. C. Fear, of Waverly, has just returned from a trip in the East.

"I am heartily in favor of the work of keeping out the bad seed from the medical profession."—Edward T. Pendleton, M. D., Wellsville, Kas.

"I am heartily in sympathy with any movement which will tend to unite physicians for their own interest and advancement, for the better enforcement of our medical laws, and for the obtaining of such other legislation as is needed for the moral and physical improvement of the people."—J. J. Cavanaugh, M. D., Walnut, Kas.

Physicians Violate the Law—Of the eighteen physicians in Doniphan county, only ten have registered as prescribed by law. In Miami county only twenty-one are registered. In Ellsworth county only eight physicians are registered. Surely there is work both for our Society along the lines noted by Dr. Roby in our July issue and also for the new Secretary of the Board of Registration. Probably these unregistered physicians are decent men, but they show a contempt for the law totally unworthy of our profession. Probably these very men would be the first to clamor for a drastic law to shut out quacks and irregulars. If we would obtain the respect of the laity, we should be at least law abiding.

The Journal

OF

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Address all communications to the Editor.

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NEWS NOTES.

DR. MIDDLETON L. PERRY of Milledgeville, Georgia, has been appointed superintendent of the new state hospital for epileptics at Parsons.

THE NEXT meeting of the Atchison County Auxiliary will occur October 13 at 11 a. m. at Effingham. Drs. Dingess and Blunk will read papers.

DR. JOHN H. OUTLAND of Lawrence has taken an eastern patient for a three months' trip in the mountains. He will then do some special post graduate work and settle as a surgeon in Muskogee, Ind. Ter.

THE KANSAS University library has the opportunity to purchase the valuable library of the Anatomist Karl Gegenbauer of Heidelberg for only $12,000. It contains 6000 large works and over 12,000 smaller books and booklets, including of course some of the rarest volumes.

PLEASE NOTE what this JOURNAL is standing for this year,—that new advertisements are restricted to ethical and clean ones and that even they are kept from invading the reading pages (we have unfortunately had to carry out one or two previous contracts), and that the "abstract" and scissors department is abolished. We are trying to make this JOURNAL worthy of the society and we are trying to make it the organ of the society among the physicians of the State in our work for better organization. We believe that the physicians of Kansas will respond to the tug.

WE ARE now trying to arrange the advertising pages in the JOURNAL so that those who wish may have their JOURNALS bound— and yet not bind in a lot of advertising. Please notice that we try to restrict advertising matter to advertising pages,—the only violations being in consequence of contracts already in force.

WE NEED to educate the medical profession at large as well as the public on the extreme value of post mortem examinations. These examinations surely can injure the dead no worse than embalming, and when correctly done can give no offense to the living. Yet they would help us at every step of our work and do more to advance our profession than any other one thing.

THE PUBLIC should be educated in medical subjects. This can be accomplished by personal talks with patients, by lectures under the auspices of the local medical society, and. third, by having appropriate matter written up and published in the lay press under the direction of a press committee. The New Castle county (Delaware) is now using this last method with success.

WE EXAMINED recently the current number of a medical journal from a nearby city and found that it contained 80 pages, of which 46 were devoted to display advertisements and 7 more to supposedly original articles puffing some nostrums. In the whole magazine 20 pages at most were devoted to real medical information. We hope that our JOURNAL may be kept clear of such padding.

We commend the spirit of the following quotation to the consideration of the readers of this JOURNAL.

"WHEREAS, the Medical Society of the State of California has decided to publish a register or directory of physicians, and has established the *California State Journal of Medicine* as the official organ of the Medical Society of the State of California; and

"WHEREAS, the expenses of the year will necessarily be large.

"*Be it Resolved,* That this Society call the attention of its members to the financial aid they can render the Society and themselves by patronizing such firms as make use of the advertising pages of the Society's publications, whenever such preference can be shown without disadvantage."—*Annual Meeting, Santa Barbara.*

WE HOPE that our Society Council will soon take up the matter of keeping a card file of every physician in the State, as advocated by the American Medical Association. Other States are doing it with great success and satisfaction. Under this system each county secretary keeps the central office informed of every change in the *personel* of his county. This catalogue will give not only the name, but also the school and age of each practitioner. To be of value this record must be uniform with that of the other states. Dr. Huffman is already at work on the preliminaries of this record and we ask for the co-operation of every reader.

CLYDE—Dr. C. H. Anglemire and family have been spending August at Green Mountain Falls, Colorado.

PALMER—Dr. Z. H. Snyder has just opened up an office here, taking the field which was left a few months ago by Dr. R. Algie, who is now practicing at Linn, Kansas.

CLIFTON—Dr. D. C. Tyler left about the middle of August for a short visit at Aledo, Ill., to attend a school reunion where he formerly instructed. He will return via Rockford, Ill., and visit his brother.

WE ARE printing in this issue an article on consumption by a Massachusetts physician. This violation of our constitution occurs in order to fulfill a contract made by our former printer while acting as business manager during the interregnum last fall. We regret the necessity, but believe that it is necessary to fulfill the contracts made by authorized representatives of our JOURNAL.

DR. HUFFMAN writes us that the Southeast Kansas Medical Society has been merged into the SECOND DISTRICT BRANCH OF THE STATE SOCIETY with Dr. M. F. Jarrett of Fort Scott as president; Dr. J. B. Anderson of Chetopa as vice president; Dr. Geo. S. Liggett of Oswego as secretary; and Dr. J. E. Jewell of Moran as treasurer. This will bring in a goodly list of new members, and with the list of the Fourth District (when that list is sent in) will do much toward bringing the society to the fifteen hundred mark set by President Brierly.

AT THE last meeting of the American Pharmaceutical Association, a proposal was made to establish a bureau to test and stamp drugs. How needed this is every physician knows For instance, in filling a prescription a Mr. Alpers found that he did not have sufficient of a certain U. S. P. fluid extract, and so he sent to a nearby store to borrow a few ounces; when mixed the two lots gave a muddy precipitate, though they were supposedly identical. He said that they were made by two houses. representatives from which had protested against the establishment of such a bureau Parke, Davis & Co. objected to the proposal because they had expended hundreds of thousands of dollars in an effort to bring about a general belief that theirs was the only house whose goods were absolutely reliable, and because if such a bureau were organized, it would show by certificate that many of the preparations of smaller manufacturers were also standard and they would thereby lose business. Their claim, said Dr. Rusley, according to the report in the *California Journal*, was either true or false; if true it argued great need for a bureau, and if false, then they had expended large sums in wholesale deception. The proposal will now be considered by the American Medical Association as well as the American Pharmaceutical Association in connection with the United States government.

Dr. T. A. Stevens of Caney is advertising for a partner in his sanitarium at that place.

THE STATE Board of Health, as at present constituted, is as follows: G. E. Locke, M. D., *President*, Holton; J. M. Minick, M. D., Wichita; J. B. Carver, M. D., Fort Scott; B. J. Alexander, M. D., Hiawatha; A. S. Gish, M. D., Abilene; L. A. Golden, M. D., Kensington; S. J. Crumbine, M. D., Dodge City; M. N. Gardner, M. D., Greenleaf; E. P. Mills, M. D., Olathe; Charles Lowry, M. D., Topeka, *Secretary and Executive Officer*. *Advisory Members:* —F. O. Marvin, A. M., M. Am. Soc. C. E., Lawrence, *Sanitary Adviser and Civil Engineer*; E. H. S. Bailey, Ph. D., Lawrence, *Chemist*; Sara E. Greenfield, M. D., Topeka, *Bacteriologist*.

THE FOLLOWING physicians met September 2, at Independence and reorganized the Montgomery County Medical Society to conform to the plan of the A. M. Association and the Kansas State Medical Society. Doctors Hall, Wood, Wells, Kuder, Coffeyville; Finlay, Seacot, Davis, Kasebeer, Gard, Cherryvale; Demott, Chaney, Independence; Bertshaw, Elk City; Dalby, Havana; Stevens, Caney; Youngs, Cherryvale. Dr. J. A. Wood, Coffeyville, was elected president; Dr. W. C. Chaney, Independence, vice-president; Dr. T. A. Stevens, Caney, secretary-treasurer. Montgomery county is one of the very best counties in the state and its members of the medical profession propose to make the Montgomery County Medical Society one of the very best county medical societies in the state.

WHAT NONSENSE it is to write prescriptions for proprietary medicines in "original packages!" If we do that, then the pharmacist is doomed. All we shall need then will be a department store to which we can send our patients when we do not happen to have the desired article in our own stock. This practice encourages the use of patent medicines with its kindred evils. If we do so despise our town pharmacists and must have the mixtures sent out from some large factory, then for our own good we should ask the druggist to use his own bottles, and give the impression at least that we are wise enough to know the ingredients in our own medicines If we prescribe "Lithona" and it helps the patient, he will send all his friends—their ailments being what they may—not to us for diagnosis and treatment, but to the drug store for bottles of "Lithona." On the other hand if we write our own prescriptions and they do good, the patients' friends will ask us to write prescriptions for them too. Much of this "substitution" talk is rot. We can develop prescription pharmacists, if we will, who will be true to the ideals of their profession and serve the physician and patient faithfully. On the other hand, if we must dispense, let us at least avoid the evils of the patent medicine trade.

Dr. C. I. Webster has been spending the last few weeks on a trip to the coast (Oregon).

H. L. Raymond & Co. of Lawrence have asked to note in these columns that they want a good prescription clerk. Possibly some of our readers know some one who would like such a position in a University town.

The announcement reaches us (too late for extended notice) of the death of Dr. Charles Gardiner of Emporia, on September 24, from heart failure while performing an operation. We shall miss him sadly in State Society, for he was one of those rare men about whom his colleagues had only pleasant words to say. We would extend our sympathy to the bereaved family, friends, and colleagues.

At the August meeting of the State Board of Medical Examiners, 29 candidates took the examination. Four failed to pass an average of 75 per cent. The rest made an average of 82 per cent. The best grade was 90 per cent, and the lowest 54 per cent. The next examination will be held October 13. The Board is now constituted as follows: D. P. Cook, President, Clay Center; O. F. Lewis, Secretary, Hepler; G. F. Johnston, Lakin; E. B. Packer, Osage City; F. P. Hatfield, Grenola; T. E. Raines, Concordia; N. L. Jones, Norton.

September 22 there was organized a County Auxiliary in Cherokee County with a membership of 13. *Officers:* J. P. Scales. Galena, *President*; R. M. Markham, Scammon, *Vice President*; W. J. Hatfield, Baxter Springs, *Secretary*; E. B. Payne, Galena, *Treasurer*. *Members:*— R. R. English, R. C. Wear, Baxter Springs; G. L. Griswold, Crestline; H. H. Brookhart, A. T. Revell, Scammon; W. N. Johnson, J. W. Janes, C. S. Huffman, Columbus; George McClelland, Weir City. The next meeting will be held at Columbus, Nov. 24, 1903.

DIETETICS.

The feeding of our patients is really as important, if not more important, than the drugging. In spite of this fact the majority of medical students have to learn their dietetics in the school of bitter experience. We may know when we graduate that milk ought to be the chief food in fevers, but how and when that milk should be given is not only unknown but also unconsidered. Then too if the patient can't or won't take milk, we are in a quandary, for appetizing milk dishes have not been a part of our own boarding house fare. Years ago this would have caused no discomfort, but in the growing realization that drugs are not cure-alls, and since the public has learned the elements of drug giving, the physician must utilize better the so-called forces of nature, and see to it that all the details of the patient's food and environment work for recovery.

For these reasons text books on dietetics have been crude and rare. But now the German diet cures, experiments in the physiology of digestion and the cooking schools have wrought a change and although the subject is still neglected in the curricula, the earnest practitioner can calculate quite exactly the effect of any given diet. Three names occur to us now as those of authorities on this subject. They are: W. Gilman Thompson of New York, Van Noorden of Frankfort-on-the-Main, Germany, and Robert Hutchison of London. Dr. Thompson's book has been in the hands of the physicians in this country for several years. Two years ago it was revised and strengthened. It is not an easy book to use, although it was the best we had. During the last year Van Noorden's works on food and diseases of metabolism have been brought out in the country, but they are hardly detailed enough, and local enough to be very useful to the average general practitioner. Finally Hutchison's book has been brought over, and in our opinion is not only useful but very interesting reading. Of course Hutchison quotes English prices, but since he bases many of his figures on the work of our own Department of Agriculture at Washington, the relative values hold generally true for America. Hutchinson's book is essentially practical and will enable the doctor to select the most economical as well as the most nutritious diet.

For instance he goes into detail over proprietary food preparations and shows us how much more expensive it is for us to use them instead of home made foods, for which he gives intelligible recipes. His article on beef preparations is especially valuable because he shows the difference between "extracts," "juices," "powders." Thus he finds Liebig's extract of exceedingly small nutritive value, but an excellent stomachic. Among the "juices" Valentine's has the least nourishment. (How often have we heard practitioners praising it!). In this class the German preparation "Puro" is the most nutritious. Next to Puro comes Bovinine. But Hutchinson does not recommend Bovinine, since its disagreeable taste renders it unfit for the sick palate.

It is interesting to see Hutchinson's classification of Mellin's Food and Malted Milk, our two much advertised American preparations. We fear that those who read Hutchinson, will unless very lazy, prefer to modify for themselves the cow's milk used. He praises Kephyr and Koumyss, much to our delight; for we have seen the excellent results of their use. It

is a hardship that we have no kephir factory in Kansas. In Chicago the Arend Drug Co. advertise a "Kon myss" at about the price of champagne. In Switzerland on the other hand, kephyr costs only about twice as much as ordinary milk.

Dr. Hutchison is very conservative regarding obesity cures, but his statements are true to life.

Dr. Hutchison favors the use of alcoholic beverages. This part will hardly appeal to medical men working in the American climate and under American social conditions.

We hope that Dr. Hutchinson's *Food and Dietetics* will find a wide reading in Kansas.

POPULAR DOSE MEASURES.

L. E. SAYRE, DEAN OF THE SCHOOL OF PHARMACY, UNIVERSITY OF KANSAS.

Pharmacists and physicians have been for years working together for the purpose of bringing about a greater accuracy in the administration and the dispensing of remedial agents. The pharmacist has been especially active along the line of drug assay and the standardization of crude drugs and their various preparations. In this he has been, in a measure, successful, as every one, who is connected with the profession, can readily see if he will. The pharmacological laboratories are adding daily to our store of knowledge as to the specific action, or actions, of the various principles which are being isolated from the crude drug or synthetically manufactured from the elements. In view of all this the optimist is apt to say: Medicine as a science, is fast approaching toward an exact science.

Quite inconsistent with this supremely excellent accuracy of the idealist is the method still in vogue of administering medicines measured by the common domestic teaspoon, tablespoon, wineglass, and by the very un-uniform "drop." The marked discrepancy existing in the old-fashioned measures every one knows about, but if any one doubts it it can be very easily verified. It is extremely difficult to find a teaspoon that will measure a fluid drachm, a table spoon that will measure a half fluid ounce, etc. Then too, one teaspoon and one tablespoon differs from another teaspoon and another tablespoon, in their capacity— we have had object lessons of this over and over again. Still we go on using these measures, they are so handy.

We thought we had overcome this inaccuracy when we adopted the glass measures graduated by different manufacturers. These graduated tumblers and conical vessels appear very attractive as medicine glasses, but how accurate are they? What can you expect in the way of accuracy in

medicine glasses sold at about fifty cents or so, a dozen? The fact is, a number of these, tested for their capacity showed a variation of from 2.6 to 6.4 cubic centimeters at the teaspoonful mark. The point we wish to make is that we are far from being consistent, and we are still within the Kingdom of Inaccuracy when we come to average up things, as we see them.

Doubtless some will say: We get rid of all such inaccuracy by using the *Compressed Pill* or the *Tablet Triturate*. Even here inaccuracy is very possible. But we shall not argue this point. We wish to say, however that if we consider without prejudice, the various ways at our command for administering different medicinal substances, it will probably occur to us that liquid preparations have the advantage as a rule. In the liquid we have no disintegration to wait for; perfect absorption and assimilation is more easily secured if the medicinal agent be in solution. Solid preparations have passed through the gastro-intestinal tract without being disintegrated or even attacked in any way. When a compressed pill is administered, the quantity of material it contains does not represent necessarily the amount of medicine that will be assimilated or absorbed, this is true especially if the general vitality is low. Here is another inaccuracy we wink at.

Let us give more liquid, dissolved medicines, and let us insist on more accurate measures. We can get the latter if we pay for them.

AN INTERESTING CASE.

C. K. VAUGHN, M. D., LEAVENWORTH.

I was called hurriedly to attend Mrs. A. in confinement. Had no previous knowledge of the case. I found her in the act of expelling the child's head from the canal. In about 15 minutes she was delivered of a premature, but well formed and healthy baby. The people were green foreigners and it was only with great difficulty that I was able to elicit any information from them. Suffice it to say that I failed to find anything to account for the premature labor. The woman was in an apparently sound condition throughout. Next day everything was normal except that she had had no bowel movement. Questioning her closely on this score, as I had done on the previous day, I found that she had not had a satisfactory (from the physician's standpoint) evacuation for weeks. She had a very redoundant abdomen and palpation revealed nothing. Nothing could be discovered abnormal per vaginam. She was given a large dose of calomel followed by salts and soap suds enemata. No result. Rochelle salts dr. iv were given every hour for six hours, then ox gall enemeta every three hours for three doses. No result and patient now vomiting. High colon injection of ox gall solu-

tion were practiced without avail. Soon the patient began to eructate stercoraceous material.

During all this time the patient's temperature and pulse were normal. There was no abdominal tenderness or distension. The enemata were not retained but came off clear from 10 to 30 minutes after their introduction. Finally I decided that her impaction must be moved whether or no. I asked the people for a quart of olive oil. Her husband said that they had "bird seed oil, would't that do?" (Hemp seed oil, I presume). I poured a quart of this oil in a fountain syringe and added 3 m. of ol. tiglii. I put the patient in the knee-chest position and introduced the colon tube as far as it would go, (about 18 inches), at the same time allowing the oil to run slowly. This injection I allowed to occupy about twenty minutes and afterwards allowed the patient to remain in the same position for 15 minutes. After the injection was started she began to have rather active peristalsis. An hour after being returned to her back she eructated a small quantity of oil. This is the only evidence of reversed peristalsis she exhibited after the oil enema was given. Had been vomiting constantly up to the very time. In another hour the bowels began to move. During the next twenty-four hours she passed an immense amount of feces containing all kinds of scybala. The case progressed uneventfully without further treatment.

*VITAL STATISTICS.

ARTHUR W. CLARK, A M., M. D , HEALTH OFFICER. DOUGLAS COUNTY.

The matter of accurate registration of births and deaths is a subject requiring serious consideration and must be taken better notice of this year than ever before. It is now necessary that death certificates be sent to the census bureau at Washington after being recorded here, and as I have had more pressure than ever brought upon me to perfect the birth and death records, I have to fall back on the physicians of the county and require their reporting such cases. Failure to report births and deaths calls for a penalty of ten dollars for each case.

It is probable that less than two-thirds of the births actually occurring in the county are recorded each year and there has not been a time during my four years as county health officer that the number of recorded births has reached the number of recorded deaths. The result is, that our records show a mortality greater than the number of births, which is undoubtedly incorrect.

There is hardly a relation in life, from the cradle to the grave, in which

*Read at the meeting of the Douglas County Medical Society, Feb. 2, 1903.

the evidence furnished by an accurate registration of births may not prove to be of the greatest value, as for example—in the matter of descent; in the relations of guardians and wards; in the legal disabilities of minors; in the administrations of estates, the settlement of insurance and pensions, the requirements of foreign countries concerning residence, marriage and licenses; in marriage in our own country, in voting and in jury and militia service, in the right to admission and practice in the profession and to many public offices; in the enforcement of laws relating to education and child labor; to various matters in the criminal code—as the irresponsibilties of children under ten years for crime and misdemeanor,the determination of the age of consent,etc. Few months pass without the county health officer being asked to supply certified copies from his records in order to allow the payment of insurance and pension claims. As the country becomes more thickly settled and the struggle for existence sharper, many of these matters, which have hitherto been, or seemed to have been, of minor significance, will take on a deeper meaning and acquire greater importance. The law requires the physician or midwife in attendance fill out a certificate of birth and forward it to the county health officer. If physicians could be taught to appreciate the fact that the making out of a certificate of birth is a duty which he owes to his client and to the public, and that his neglect to do so may inconvenience persons and possibly deprive children of legal rights, an improvement would follow. The state gives a license to the physician, which virtually amounts to a trade protection, and also relieves him from jury duty. He should be willing, in return for these privileges, to give the state information in regard to births and deaths coming under his observation. The method of procedure for enforcing obedience to this law, as prescribed by the State Board of Health is to bring all the pressure possible to bear on the doctor to cause his voluntary compliance and then, if necessary, prosecute him and exact the penalty. One of the chief reasons for the physician's neglect of these reports is, that he does not attend to it at once, but lets it go until a time when he has forgotten the data, There are not many confinement cases where the medical attendant has not an abundance of time on his hands, and how easy it would be for him to take a blank from his obstetric bag and jot down the father's and mother's names and ages and most of the other information called for, before the child is even born.

Make it a rule always to have a few birth return blanks in your grip, and use them at a time when you can most easily do so.

In regard to death reports, I wish to impress upon you the necessity of giving as exact a cause of death as possible. Some of the diagnoses given are entirely inadequate, inexact, unmeaning and misleading; for instance,

dropsy should never be given as a cause of death, it is merely a symptom of the disease from which the patient died and it leaves one wondering whether the heart, kidney or liver was at fault; it is entirely useless for statistical purposes; and it proclaims the fact that the maker of the certificate is ignorant that dropsy is merely a sympton and not a disease, or else that he never made a diagnosis of the case. *Consumption of the bowels* means nothing that I know of and is not found described in medical works. If tubercular peritonitis is meant, write it down so, that means something definite. *Paralysis* is not a good diagnosis—it is inexact. There are too many cases reported of death from *old age* and *senile debility*. In most all of these there was probably something, such as bronchitis, influenza or apoplexy, to account for the fatal issue. The use of the term *heart failure* is a stigma upon the American physician—it should never be used.

If organic heart disease is meant, it should be so stated, and if not, then the disease should be mentioned which caused the heart to fail. Not infrequently diphtheria, or an unrecognized heart lesion may have been the cause and the true facts concealed by an ignorant or intentionally misleading use of the term.

Debility, marasmus, asthenia and *exhaustion* are worthless terms—what disease or injury cause it should be stated.

Hemorrhage—From what organ or part of the body did the hemorrhage occur? What was the cause of the hemorrhage? Where this term is used alone and unqualified, it probably usually means hemorrhage from the lungs, but this should be stated, and whether the case was tubercular or not. The proper diagnosis should be *pulmonary tubercolosis*—that term is perfectly definite and unmistakable. *Hemorrhage from the bowels* usually means typhoid fever. The term *uterine hemorrhage* is better than hemorrhage unqualified, but even that is indefinite. It should be stated whether it was caused by a placenta previa, post-partum inertia, uterine tumors or cancer, incomplete abortion, etc.

In a case of *suicide*, the means used should be given.

Tumor as a cause of death is useless; it should be stated especially if cancer is meant, and the organ or part of the body affected should be given.

Typhoid pneumonia is not a very satisfactory diagnosis. What you mean or ought to mean, is *pneumonia*.

Malassimilation is not sufficiently definite; if possible state what disease caused the malassimilation.

Inflammation. Give the location of it and its cause, if known; also, whether it was acute or chronic.

Natural causes is entirely unsatisfactory. What was the disease which caused death?

Peritonitis—Information should be given as to its cause, especially in

females of a child-bearing age, whether it was puerperal, traumatic, from typhoid perforation or appendicitis.

Septicaemia and pyaemia—Also important to know the cause, whether from trauma, typhoid fever, puerperal sepsis, abortion or appendicitis.

Convulsions, eclamposia or *spasms*—These are simply symptoms of disease, and their causes should be given if kown. In females of child-bearing age, it should be ascertained and stated if they were of puerperal origin.

Teething or dentition is not satisfactory—the actual disease ought to be given, as enteritis, etc., which caused the teething child to die.

Congestion should never be given as a cause of death—when used without qualifications, is entirely useless.

Abscess—The cause should be given, as tuberculosis, traumatism, etc., and the organ or part of the body affected must be named.

Childbirth might mean any one of a number of causes.

Asphyxia is very indefinite; give the cause, whether from disease or external violence, and if the latter, state whether accidental or suicidal and the exact nature of the cause of death. Similar terms such as choking, strangulation and suffocation should be explained in the same manner.

Spinal disease—Was it a disease of the spine or of the spinal cord? If of tubercular origin, that point should be noted.

Accident—Always state the nature of the injury received.

Fever—What was the name of the fever?

Stillborn—A stillborn child is one dead at its delivery. I have had a few reports in which a definite age, in seconds or minutes is stated for a stillborn child. If the child was in fact dead at birth, it could have no age at all, and if it lived a few seconds or minutes then it was not stillborn.

Inanition—This is an unfortunate term to use as a cause of death for a newly born infant, but it has become almost justified by usage as a cause for many deaths where an exact diagnosis cannot be made. The actual meaning of the word is exhaustion from lack of nourishment, in short, starvation, but as generally used it means simply exhaustion, and is thus merely an indefinite expression, like debility or marasmus.

Stricture alone and unqualified usually means stricture of the urethra in males, but should qualified.

Surgical Operation—What was the operation undertaken for? The disease or injury requiring an operation should be stated, and also what actual condition caused death, whether from primary or secondary hemorrhage, septicæmia or lack of recuperative power. It may be answered, as a rule, that the operation was required and that it was properly performed; hence the operation itself should not be assigned as the sole cause of death. A similar rule applies to deaths during the administration of anæsthetics.

Complication of Diseases is a particularly fool diagnosis. Each separate disease should be named if the physician is uncertain which one of them was

the cause of death, but if he had been attending the case for some time, he ought to know.

This brings up the whole subject of two, or more, causes of death in connection with a given case. These causes may have a relation to one another, as primary or secondary, direct or indirect, or again, be entirely unrelated except by co-existence.

When statistics are compiled, only one cause may be used, no matter how many contributory causes may have been present. Most frequently in such cases, one of the diseases is only a complication of the other, and here the best way is to charge the death to the primary disease—that is, to the one which brings on the other. Again, it may be that two diseases reported as causes of death have no mutual relation: nothing prevents a man with cirrhosis of the liver from contracting typhoid fever; nothing prevents him from fracturing his skull and dying therefrom; nothing prevents him from committing suicide. Certain rules may be laid down for making the choice between two statements of causes of death in the same case.

Rule 1.—If one of the two diseases is an immediate an frequent complication of the other, the death should be reported as from the primary cause. For example: Infantile diarrhoea and not as convulsions; measles and broncho-pneumonia, report as measles; scarlet fever—the other disease being named only as a complication or contributory cause.

Rule 2. If it is not absolutely certain (as in the preceding cases) that one of the diseases is an immediate result of the other, decide if there is a great difference in the gravity of the two, and report the death under the head of the more dangerous. Example: Organic heart disease and influenza. Neither of these two diseases has caused the other, and although an attack of influenza in the course of a case of heart disease may incidentally determine the death.

Rule 3. When among the several causes of death there is a transmissible disease, it is preferable to assign the death to it, for statistics of infectious diseases are particularly desirable and it is important that they should be as complete as possible. Example: Appendicitis and typhoid fever. These diseases have no mutual relation; they are nearly equally dangerous; therefore we should report the death under the head of typhoid fever, because this is a transmissible disease.

These three rules will be sufficient for a decision in a large number of cases and when they are not applicable, the following rule may be used:

Rule 4.—If a disease whose location is rapid co-exists with another whose evolution is slow, it is preferable to charge the death to the first.

Example: Acute articular rheumatism and insanity. These two are in no way related; each is compatible with life; but insanity having a slow evolution and acute rheumatism a rapid one, death should be considered as

from the articular rheumatism. Another example: Locomotor ataxia and accidental drowning. Here the ataxia might not have caused the person's death for a long time, while the drowning was undoubtedly the direct cause of death.

The social and statistical importance of a correct statement of the number of violent deaths also contributes to this decision. If the violence is not, of itself, likely to cause death—for instance, if it has caused only a fracture, a sprain, or a dislocation, accidents which only exceptionally cause death, this rule is not to be so strictly applied.

In this case, the second rule is applicable, by which the more grave disease of the two is reported.

These rules will cover most, or all, cases, and though you may not remember the rules, by a little thought you will be able to formulate them anew for yourselves.

In the two forms of death certificates issued in late years by our state board of health, one calls for first, the chief cause, and second the contributing cause. The other calls for, first, the cause of death, and second, complications.

As examples of some of the mixed, indefinite, inadequate and more or less worthless diagnoses of causes of death received by me on certificates during the past three years—I quote here a list: "inflamation of the bowels" (was enteritis meant or peritonitis?); "tuberculosis" (lungs or elsewhere?) "cancer" causing hemorrhage; "cancer" (unqualified at all) "physical exhaustion"; "asphyxia"; "asthma"; "nervous prostration"; "dropsy"; "heart trouble and kidneys"; heart failure"; "stomach trouble and heart failure"; "pus poisoning"; "old age"; "senile decay"; "consumption of the bowels"; "congestion"; "congestion of the brain"; "malignant disease" (of what kind and where?); "brain fever"; "teething"; "gastritis" (acute or chronic?) "paralysis" (from cerebral hemorrhage, disease of spinal cord or general paralysis of the insane?) "spasms" (diarrhœal disease, epilepsy, uræmia of nephritis?) "tumor"; "rupture."

Some of these were undoubtedly so reported from sheer ignorance, but in the majority, the causes were thus given from carelessness—I am sure of this because of my knowledge of the men who made the reports.

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* "A PLEA FOR EARLY OPERATION IN APPENDICITIS."

M. C. PORTER, M. D., CLAY CENTER, KANSAS.

When I began the preparation of this paper I felt somewhat inclined to apologize for reading before this august assembly an article upon a subject that is worn so thread-bare as is the subject of appendicitis. But when I thought of the number of cases that have attack after attack, of those that go on to pus formation, and some even to death without the attending physician's even suggesting operation, I felt that an apology was unnecessary and uncalled for. To arouse an earnest and wholesome discussion of this important subject and thereby convert some of my colleagues from the use of the scalpel as a dernier resort in appendicitis to the belief that early operation is the best means, not only of saving life but also the health of those afflicted with this dread disease, is the object of this paper.

The vermiform appendix springs from the rear of caecum toward its inner aspect, and averages about three inches in length. Although in intra-uterine life is in the apex of the caecal pouch, it partakes more of the structure of the small than of the large intestine. Its coats are, from without inward, peritoneal, muscular, submucous, and mucous; the latter containing an abundant supply of retiform tissue, especially in young subjects. Its blood supply, which it receives from a solitary bunch of the ileo-colic artery, is deficient. Its lumen is small; while its walls are deficient in elastic tissue.

Inflammation of the vermiform appendix may present many and varied phases. First, the inflammation may be confined to the mucosa, or catarrhal in character. If mild and there is not sufficient swelling of the mucosa to occlude the lumen of the appendix, the duration will probably be short; but, if severe enough to cause occlusion of the lumen at any point not at the distal extremity, there will be pent up secretions containing more or less infection, the attack will be prolonged, and may merge into one of the more severe forms.

The lumen of the appendix being small and the walls deficient in elastic tissue. the retained secretions quickly produce a compression anaemia, and thus render the appendix easily invaded by the bacteria contained within its cavity. Then follows another form of the trouble, the parenchymatous or exudative form, in which the entire substance of the appendix becomes involved. The walls of the appendix then become infiltrated, the circulation more or less interfered with, and local necrosis, with or without

*Prepared for the 37th Annual Meeting at Concordia.

perforation, or gangrene of the entire appendix may result. Again, necrosis frequently follows the presence of concretions and foreign bodies in the appendix.

Appendicitis may also accompany or be the result of typhoid infection, or an ileo-colitis. The chronic form may result from the acute or may be subacute or chronic from the beginning. This may be clasified as obliterating, which may be progressive or relapsing, and tuberculous.

Among the complications which are frequent in cases not operated upon early, may be mentioned local peritonitis with abscess; general septic peritonitis, which is almost always fatal; thrombosis of the veins of the mesentery and of the omentum, pylephlebitis, hepatic abscess, and fecal fistula. Nephritis, subphrenic abscess, endo- and pericarditis, andempyema of one or both pleural cavities are complications not to be forgotten or overlooked. If the appendix is retroperitoneal, an abscess resembling a psoas abscess pointing below the ileo-inguinal ligament may occur. In the chronic form constipation, with pain more or less severe and constant, and digestive disturbances with their resultant malnutrition present an array of maladies which are, to say the least, unpleasant companions.

If the patient survive the first attack, it has been variously estimated that recurrent attacks occur in from 50 per cent to 80 per cent of the cases. As a result of the inflammation and nature's efforts to preserve the life of the patient, adhesions among the bowels and between the bowels and the abdominal walls, take place. These frequently cause much pain, always more or less constipation and very frequently complete obstruction of the bowels by bands of adhesions.

"When one member of the body suffers, all the other members suffer with it," is not more true in any respect than in disorders of the digestive system. It is not to be wondered at, then, that the victims of one or more severe attacks of appendicitis live in the enjoyment of such poor health and frequent inability to preform the duties that devolve upon them in every day life.

Another point to which I desire to call your attention, briefly, is the discrepancy between the clinical manifestations and the pathological conditions which so frequently exist in cases of appendicitis. How frequently have you, who have been called to operate upon cases of appendicitis, opened the abdominal cavity, expecting to find the pathological condition confined to the appendix (as you had a right to expect from the clinical manifestations) and, on incising the peritoneum, have been greeted by a discharge of pus; or have found a walled-off abscess, or an extensive peritonitis! How often is the surgeon called by the physician who pursues the "watch and wait" tactics to see a case of appendicitis and been told that the patient seemed to have such a mild attack and was progressing so satisfactorily

that the physician did not deem it a case for operation, but it suddenly took a change for the worse, and the surgeon finds that the patient has passed the point where human skill can be of any avail! The postmortem reveals a gangrenous or a perforative appendicitis with its resultant general septic peritonitis, and that an operation before gangrene or perforation had taken place would undoubtedly have saved the life of the patient. It is simply impossible to tell at the bed-side, in a large number of cases, what the pathological condition existing in an inflamed appendix may be. Unfortunately the most dangerous pathological condition may give rise to the most innocent clinical manifestations. A normal temperature and pulse are not incompatible with a gangrenous or perforative appendicitis that is soon to turn loose into the abdominal cavity its contents of infected material, no matter how virulent they may be, and perhaps all unrestrained by the protective wall of adhesions. These are the cases that so frequently deceive the physician and solace the friends until the golden opportunity to rescue a valuable life is past. Not long ago the eyes of the nation watched anxiously the outcome of an attack of appendicitis in one of her most noted statesmen. We were informed that the appendicitis was subsiding and nothing was feared now only from a concurrent nephritis. I have always felt that an autopsy would have been a revelation as surprising as it would have been instructive.

Let us make a brief comparison between the medical and late surgical treatment, and the treatment by early operation as to their results. I have collected a series of 412 cases, partly from my own experience and partly from the experience of others, which, to illustrate the point I wish to make I have classified as follows: (First) Acute cases in which the infection had passed beyond the appendix; (Second) Interval, chronic, and acute cases in which infection had not passed beyond the appendix. Of the former there are 208 cases, with 26 deaths, or a death rate of 12½ per cent; of the latter there are 204 cases without any deaths or a death rate of 0 per cent. Of the former class, a number were desperate cases with large abcesses and in a very septic condition, and in which the operation was followed more or less rapidly by improvement, convalescence extending over a period from six to twenty-six weeks. As I said before, a number of these were desperate cases and there can be no doubt that while late operation saved many from death, early operation would have saved more. In a number of the cases which terminated fatally, no improvement followed the operation but progress toward a fatal termination was continuous. Of the twenty-six fatal cases, five occurred within my own practice. Three of these had a general septic peritonitis. One of the three lived for six weeks and died from obstruction of the bowels. He was in an intensely septic condition at the time of the operation, which condition continued till his death. The autopsy re-

vealed a general septic peritonitis with numerous pockets of pus among the bowels from the diaphragm down to the pelvis, also numerous adhesions bending the bowels at acute angles. The other two lived three and four days respectively and died of sepsis. The fourth had a localized abscess and seemed to improve for twenty-four hours after operation when he was suddenly seized with dyspnœa, and became cyanotic; this condition grew gradually worse until his death which occurred in about eight hours after the attack of dyspnœa began. In none of these four cases do I think the operation could be charged with the death; but I doubt the propriety of operating on such cases as the three with general septic peritonitis; not on account of the unsuccess of the operation but on account of the bad influence it had upon surgery in that community. The laity are very much inclined to apply the *propter hoc* to all such cases; and I am sorry to say, they are encourged to do so by unscrupulous, jealous, or ignorant physicians who would rather hang a weight upon the wheels of progress than to lend a helping hand to honest effort. Of the cases in which the infection was confined to the appendix the pathological findings showed that soon a number of these cases would have belonged to the former class. Hence I do not feel that I am begging the question in the least by stating that early operation undoubtedly diminished the death rate in this class of cases. Not only did it reduce the death rate, but it was of immeasurable value in other ways. In the first class of cases convalescence was slow, lasting from six to twenty-six weeks, with untold suffering; while each one had some form of the troubles enumerated above as the sequelæ of this disease. Quite a number also had post-operative herniae. On the other hand, in the latter class of cases recovery was rapid, the patients being confined in bed from ten to fifteen days; their suffering was slight, no sequelæ developed, and no post-operative hernia has occurred in any case. Dr. Murphy states that the lowest death rate claimed by the advocates of the medical treatment of appendicitis is 10 per cent; while the maximum death rate charged to the early operation is 3 per cent; and asks the question, Should we not give the 7 per cent the benefit of the early operation? To operate as soon as you make your diagnosis has become almost an aphorism in the teachings of Dr. Morris. Dr. Deaver states that operations while the infection is within the appendix, barring accident, should have no death rate. Dr. Osler says that there is no medical treatment of appendicitis. There are remedies that will allay the pain but there is none capable in any way of controlling the course of the disease. Dr. Price states that operations upon nurses and resident physicians illustrate beautifully the value of early operation; most are done on the first day. One nurse in every six in his private hospital, and in two public hospitals with which he is connected, has been operated upon for appendicitis—all early operations, without a death, and with pleasing recoveries. The same is true of resident phy-

sicians. The mortality in students in the same school or college hospital is high, the operations being commonly done two or three days later than on the residents.

Let us suppose for illustration that one of you colleagues had a collection of one hundred boys, all within the first few hours of their primary attack of appendicitis. Statistics show that at least one-third of them will have recurrent attacks; that at least one-tenth of them will die either from the primary or some recurrent attack; that in the beginning we cannot tell which is to be the fatal cases, which the recurrent, and which those that will recover; and that in early operations, while the infection is still confined within the appendix, the death rate is practically nothing. Is it assuming too much to say then that in these cases not to make use of the early operation would be inexcusable negligence? I think not. Then, if this be true, are you not likewise inexcusibly negligent in your pratice if you do not hold out to each of your appendicitis patients the golden opportunity of early operation, providing you have been summoned to the case in time to do so?

Another point to be urged in favor of the early operation is the ease with which it can be accomplished. The moderately skillful surgeon can then perform it successfully; while, after the infection has gotten beyond the appendix, the most skillful hand is frequently unable to circumvent the evil that is going on.

The question is frequently asked: Is it safe to operate now? When the word "safe" refers to the doctor's reputation and not to the life of the patient. He who is not willing to lay his reputation as a sacrifice upon the altar, for the sake of giving one of his fellow men the best means of saving his life, is not worthy of the noble profession of which he is a member, and is as guilty of the death of a fellow man as he who withholds the means that might have saved the life of a drowning man.

From what has been said, we draw the following conclusions:

First—That the structure and position of the appendix predispose it to inflammation.

Second—That inflammation of the appendix tends to be progressive and the best means to stop the progress is to remove the cause.

Third—That we have no known means of differentiating in the beginning between cases that will be severe or fatal and those that will be mild; and that the clinical manifestations are not always an index of the pathological conditions.

Fourth—That until we have advanced in our knowledge of appendicitis sufficiently to determine the pathological condition from the clinical manifestations, we are justifiable in operating upon cases that would have recovered without an operation in order that we might not fail to give those cases the benefit of early surgical interference that would have terminated fatally without it.

Fifth—That the earlier in the attack the operation is performed the lower will be the death rate.

THE RATIONAL TREATMENT OF PULMONARY PHTHISIS.

J. HOBART EGBERT, A. M., M. D.

The term Pulmonary Phthisis, like the word "Consumption," does not represent a specific pathological condition or definite morbific process, but is a generic expression applied to a number of more or less chronic inflammatory processes of the lung which lead through progressive stages to proliferation, degeneration, or destruction of the pulmonary connective tissue. These processes may or may not be associated with the deposition and rapid dissemination of tubercle, may occasion ulcerating cavities and abnormal deposits within the substance of the lung, or may lead to hyperplastic, fibrous or calcareous degeneration. Hence we find occurring four distinct varieties of phthisis: 1. *Pneumonic Phthisis*, which is characterized by destruction of the pulmonary tissue through cheesy degeneration (caseation) of inflammatory products in the lungs and the subsequent softening and breaking down of the caseous deposits. 2. *Tubercular Phthisis*, (chronic tuberculosis), characterized by progressive inflammation with the deposition of tubercles in the lung substance and the subsequent degeneration of tubercle and adjacent pulmonary tissue. 3. *Acute Phthisis*, (acute miliary tuberculosis), in which there is a rapid deposition of the gray tubercle-granules throughout the body but especially in the lungs. 4. *Fibroid Phthisis*, in which inflammation leads to hyperplasia of the lung substance, with diminution of breathing capacity, and subsequent atrophy and degeneration of the vesicular structure.

The desiderata in the rational treatment of phthisis are: first, its prevention and arrest; secondly, its cure; or, failing these, thirdly, palliation of symptoms and prolongation of life; and can be secured only through an appeal to the laws which regulate the development of the body and govern the preservation of life. Consumption, in any form, is a disease of enervation, of lowered vitality and of derangement of the general vital and chemical changes within the body, is, in reality, a constitutional disease with local lesions, and hence the folly of the advocated "specific remedy" method of treatment, for how can the sub-cutaneous injection of an antiseptic, or the inhalation of any medicinal substance or of any amount of compressed air overcome a disease which is at once constitutional and general and finds an origin in an abnormal bodily tendency? In the treatment of phthisis modern therapists, while elaborating upon its pathology, seem to have lost sight of certain important guides to be derived from a proper consideration of its etiology.

In the rational treatment of consumption we must aim to bring vital processes and bodily tendencies into that state of perfect equilibrium with-

out which health is impossible, and call to our aid all means for the promotion of general nutrition and constitutional vigor. Local lesions and organic difficulties require attention, but to treat consumption by attention to the lungs alone would be as futile as attempts to cure syphilis or the acute exanthemata by medicating only the manifest lesions of the skin.

In the prevention and early arrest of consumption—as in the treatment of advanced stages of the disease—everything which interferes with the maintenance and promotion of general good health and constitutional vigor, must be sought out, and as far as possible, corrected; and anything that can in any way impair the vitality of the lungs or improperly effect their normal functions must be assiduously guarded against. All acute pulmonary disorders, however slight, should be promptly relieved and all existing affections of the nose and throat should be made the objects of careful treatment. Next in importance to the care of the respiratory organs may be mentioned due attention to the digestive functions. Indigestion, both gastric and intestinal, must be guarded against or overcome and the processes of assimilation should proceed with generous vigor; nervous disorders and circulatory defects must likewise receive proper consideration and treatment. "Looking," writes Dr. James Sawyer, in the *British Medical Journal*, "to the various pathological conditions and textural lesions comprehended under the name phthisis, every case requires special study. In one case anaemia is prominent and calls for iron, perhaps for arsenic; in another, continued but small haemoptysis may call for ergot; in another, a racking and frequent cough may call for special applications and remedies; in another, dyspepsia may call for alkalies, for acid bitters, or pepsin; in another, nervous unrest may call for bromides; in another, laryngeal troubles may call for special local medication; in another we have to aim at controlling excessive sweating, or checking an exhausting diarrhoea." Nor has the writer completed the list, nor shall we attempt to do so, but would add that frequently exhaustion and general debility call for stimulants; a weak heart for digitalis; and pyrexia for quinine or cinchonidia. Space would fail us were we to attempt to point out the proper remedies for these various complications or incidental occurrances, or to describe the best methods of exhibiting the remedies indicated; but there are certain general conditions, and certain remedies more or less indicated in all cases of phthisis, to which we desire to direct particular attention.

Referring to the etiology of consumption it seems that we must admit an idiocyncrasy—an inherited or acquired predisposition to the disease. Granting the existence of a predisposing cause, of what does it consist? "Weak lungs" is, perhaps, the most common answer. The predisposing cause unquestionably, to our mind, resides in the disturbance to nutritive functions, through those nerves which govern tissue nutrition and tissue

metabolism—the trophic nerves and nerves of the general sympathetic system. Scrofula is frequenlly mentioned as a cause predisposing to phthisis, and rightly so, for it is obviously one of the manifest conditions resulting from disturbed tissue nutrition.

Contagion as a factor of causation may have its influence, but merely as an exciting cause, for in one predisposed this factor would doubtless influence the development and progress of the affection. "Nevertheless," (to use the words of Sir Thomas Watson) "I should, for obvious reasons, dissuade the occupation of the same bed or even of the same sleeping apartment, by two persons, one of whom was known to labor under pulmonary consumption." Fuller, in his work on Diseases of the Lungs and Air-passages, says:" "It behooves the physician to warn the patient's friends of the dangers incident to long-continued attendance on him, especially if the disease be in an advanced stage. It would be the height of imprudence for a healthy person, especially if young and of a scrofulous diathesis, to sleep in the same bed, or even in the same apartment with a consumptive patient; for although the malady might not be communicated directly from one to the other, unless possibly under the condition of some tubercular matter being accidently introduced into his air-passages or into some other part of his system, *the surroundings and the air would be calculated to predispose him to the disease.*"

In the prevention and cure of consumption, as well as in the endeavors to arrest and retard the progress of advanced cases, attempts must be made to overcome the etiological factors leading to malnutrition, to bring the reconstructive processes of the body above the destructive, and to supply the tissues with wholesome, sustaining nutriment. All this is to be gained by maintaining every organ of the body in the best possible condition; by securing the best environment; by the liberal use of easily assimilated, tissue building and strength sustaining food; and by recourse to tonics, reconstructives, and certain special remedies which act directly upon those nerves which govern tissue metabolism.

The necessity for the relief of all functional and organic disorders has already been urged. The environment is of importance. Not only should the sanitary conditions of the residence be well appointed, but it should be properly located, both as to local and meterological conditions. The best climate is evidently that which possesses the following conditions: dryness, equability of temperature, absence of winds, abundance of sunshine, porous soil, frequent electrical changes; water, pure in quality and plentiful in quantity, and pine odors. Change in climate is frequently a source of much benefit. An authority on the climate treatment of consumption says: "To the phthisical patient who has not reached the latter stages of the disease and who is not suffering from colliquative symptoms, any change from city to country, from maritime to a continental climate or vice versa, will be

productive of benefit to him for the time being." This beneficial change consists in an increase of bodily weight and an amelioration of symptoms. In other words, the improvement under these circumstances is improvement in the general condition, a matter of particular importance in the early stages of the disease.

General hygienic and dietetic measures for the general wellbeing of the patient and relief of the disorder are of the utmost importance, for without attention to these, all treatment will fall short. Fresh air and exercise, so far as the powers of the system will permit; free ventilation of both sleeping and living apartments; avoidance of crowded, overheated and damp places; keeping within doors in bad weather and after dark; the wearing of warm clothing, with flannel next the skin, proper attention to bathing, the use of as nutritious diet as can be assimilated; the avoidance of all injurious habits and excesses, etc, etc., are all embraced in the rational method of treating this and other diseases.

Among the various therapeutic measures recommended for the general treatment of consumption, cod-liver oil heads the list, for, as Dr. F. T. Roberts has justly said, "almost universal experience has testified to its good effect in this disease." Cod-liver oil not only exerts a direct beneficial action upon the lungs, but is essentially a reconstructive tonic and nutriment. In its administration it is often wisely combined with hypophosphites which seems to augment its curative value. Its nauseating tendencies must usually be overcome in order to insure its good effect, and hence the necessity of due care in the selection of an eligible preparation when prescribing cod-liver oil. The preparation known as Hagee's Cordial of Cod Liver Oil Compound is a most admirable and available preparation. It is not only palatable but very pleasing to the taste, and combines the curative virtues of cod liver oil and the hypophosphites of lime and soda with the tonic properties of a rich, light wine. Alcohol, in its various forms of fermented and distilled liquors, is indicated in every case of consumption, and its most eligible form in this disease is *wine*. Alcohol is not only a stimulant, but also a nutriment and an antiseptic. "Consumptives," says Dr. Tyndale, "suffer from irritable weakness of nearly all organs, and it follows that their nutriment, whether solid or fluid, must not be monotonous and nonstimulating but, on the contrary, *carefully stimulating* For this class of patients at least, alcohol should never be given in quantities sufficient to produce its baneful effects of dizziness and of excitation, followed by depression. The small quantity of wine existing in Hagee's Cordial of Cod Liver Oil Compound is just sufficient to arouse the organs of digestion, to assist the absorption of the cod liver oil and such other food products as are taken into the system, and arrest the too rapid metamorphosis of tissue. Aside from wine, brandy and good Bourbon whiskey have their uses in the treatment of

phthisis, but these uses are concomitant with special indications arising in individual cases.

Finally, there must be employed a remedy, or combination of remedies that will stimulate those centres which govern bodily nutrition. We believe the use of such a remedy, together with the administration of a proper preparation of cod liver oil, as already pointed out, to be essential to the rational and successful treatment of consumption. Strychnia is such a remedy, and when combined with atropia becomes of great value. Cinchonidia may also be added when there is pyrexia to overcome. Our formula is as follows:

Rp.—Strychniae sulphatis,	gr. ½.
Atropiae sulphatis,	gr. ¼.
Cinchonidiæ sulphatis,	dr. ii.
Ext. gentianæ,	dr. ss.

Misce bene, fiat massa et in pillulas No. LX (60) dividenda.

Sig.:—One pill night and morning.

(N. B. These pills should be prepared with great care to insure uniformity in the distribution of the alkaloidal ingredients.)

A dose of the Cordial of Cod Liver Oil Compound is taken with meals and one of the above pills is taken an hour after breakfast and another before retiring at night. When pyrexia is aggressive, quinia may be substituted for conchonidia; when absent, both may be omitted. Should dryness of the throat occur in cases where there are no night sweats, the atropia may be omitted. Some few cases with marked dryness of the mouth and throat may even call for the occasional administration of gr. ⅛ of pilocarpin, per orem.

In extreme pyrexia and depression, iron, quinia and strychnia may be required. Here is a good mixture of the same:

Rp.—Ferri et quiniae citratis,	dr. 1.
Strychniae sulphatis,	gr. 1-6.
Aquae purae,	oz. 1.
Syr. acidi citrici,	q. s., ad oz. 4.

M. fiat solutio,

Sig.:—Teaspoonful in wineglassful of water after meals.

Where the above is given, the pills are to be omitted and the Cordial of Cod Liver Oil administered before or during the meals.

The so-called "Antiseptic Method" of treating consumption seems to be largely based upon a fallacy, nevertheless the internal administration of Salol is often productive of good results when conducted together with the rational methods herein set forth. Likewise, hypodermic injections of a solution of phenol and inhalation of vapors containing eucalyptus, tar, benzoin, etc., are sometimes worthy of trial. Creasote, internally administered, is of great value in overcoming cough and allaying irritation in the air passages. It may be administered in mucilage of gum acacia together with syrup of wild cherry or tolu, or dissolved in wine of tar.

To recapitulate: the rational method of treatment endeavors to equalize vital forces, to raise tissue nutrition to the highest possible point, to overcome those conditions which render the disease possible, and to eradicate or relieve local lesions.

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ORGANIZATION VS. UNIONISM.

A correspondent calls our attention to a recent article in the *Review of Reviews* and requests us to use our columns to advocate an agreement among the physicians in each community to raise their fees. The article in question quotes statistics to prove that the cost of living has increased from forty to seventy per cent while wages have advanced hardly at all and from that basis advocates unionism to advance wages. The same reasoning would be still more applicable to our profession; for while it costs us far more to live than it did ten years ago, nevertheless our fees are as low (if not lower) than they were then. Unfortunately, however, a physician is not altogether a wage earner. He stands in a position of friendship and sympathy with his patients, and because of this position his remuneration is an *honorarium*, not a wage; it is a gift of one friend to another. Unfortunately again, his relation to all of his patients is not of this order and he must in self defense bargain for his help and and advice. Probably we younger men have more of this relation with our patients than our fathers did. At any rate, it seems the tendency of the times to bargain with even the doctor for his services and to go to the man who gives the most medicine for the least money. For this reason we need to pay more attention to this matter than did our fathers.

But because of his dual role of contract doctor and sympathetic friend, it is impossible for a conscientious physician to accept and follow blindly any scale of wages (*alias* fee bill). That is, unionism in its present day manifestations is impossible. But even the ideally conscientious physician can meet together with his colleagues, learn what their range of fees is, learn who the "dead beats" are, and with them fix upon a line of conduct which shall be more in keeping with present economic conditions. Of course the stronger physicians can advance their rates without conference with their colleagues, and to those we would address an earnest request that they look into the matter and see if it were not better to do so.

Unfortunately there is in every larger community a class of physicians whose personal attainment is so meager, and whose natures are so plebian, that friendly association with them is impossible. They distort, in telling the laity about medical meetings, the sayings of their competitors; they are untrustworthy, and in general are traders rather than physicians. The existence of this class makes still more necessary the frequent getting together of the others who do have a mutual respect and confidence. That community is to be pitied where not even a handful of physicians are not congenial. A gathering of the local physicians once in three months would make the practice of medicine in any community a much pleasanter vocation.

This is the sort of organization which we would advocate, for it is but a step for these various local organizations to band together in district and state societies. The writer personally prefers to have but two organizations, the local and the state: but the interposition of the district society can for a while in Kansas serve a good purpose. The other objects of organization,—the uplifting of medical education, the education of the public, and the enforcement of law,—are in the minds of most physicians secondary to the economic and local purpose noted above. The remedy for the present state of ill feeling and discontent is a counteraction of the tremendous increase in competition, and that remedy is to be found only in organization.

Following up this line of thought we invite your careful perusal of Mr. Irish's article following:

THE PENDING REVOLUTION.

† BY JOHN P. IRISH, SAN FRANCISCO, CAL.

The passing of a nation from an old order to a new is seldom perceptible in the events incident to it until it is accomplished and they are seen in perspective. It is evident that a revolution is pending in this country, is progressing rapidly toward a crisis, and is threatening radical changes in our ideas and our system of government, and yet it attracts attention only by its frequent interference with our personal convenience or our industrial processes.

† Printed in Public Policy for May 30, 1903.

This revolution originates in our labor unions, and progresses in the processes advised by their leaders. Every morning we read in the daily press of the physical evidence of this revolution. Now it is a strike in San Francisco by teamsters who have no issue of hours or wages with their employers, but who strike for the right to dictate to those employers as to which customers they shall serve, and which leave unserved. To enforce this, appeared a sympathetic strike, which tied up the commerce and transportation of California for months. Hundreds of injurious assaults were committed upon non-union laborers, several of whom were killed. The The strike leaders assumed the right to issue permission to sailors from foreign ships, in the nature of a safe conduct, to be at large on the streets of San Francisco, a right that belongs only to a provost marshal where there is marshal law. In St. Louis, in a street car strike, not only are non-union men murderously assaulted, but helpless working women, compelled to ride on street cars in disobedience of the union leaders' orders, are attacked, their clothing stripped from them and left nude, bruised and unconscious in the street. In Waterbury policemen are murdered and non-union crews on street cars shot down. During the strike in the anthracite region of Pennsylvania a reign of terror existed. Non-union men were murdered, boycotted, their children made fugitives from the public schools, and a priest was ordered by the union leaders to forbid his church to "scabs." All of this means that the labor unions claim and exercise the right to license American labor, and to forbid American citizens the right of private contract, and to enforce this license by the death penalty.

Mr. Samuel Gompers, president of the American Federation of Labor, speaking at a banquet in his honor at San Francisco, said: "If an individual working man gets out of his union he would better get out of the country. The working man who has not a union card is an outcast." It was fitting indeed that he added: "Our organization is based upon the highest and purest conception of the sovereign rights of our members," for, with all its sovereignty upon it the United States cannot order an American out of the country and make him an outcast for choosing to eat his bread by the sweat of his face without asking permission of the labor unions. Heretofore the right of every American to work and earn his bread has been esteemed a primordial right, not abridged, but guaranteed by the constitution. Adam Smith in his "Origin of the Wealth of Nations," said: "The property which every man has in his own labor, as it is the foundation of all other property so it is most of all sacred and inviolable. The patrimony of the poor man lies in the strength and dexterity of his own hands, and to hinder him from employing this strength and dexterity in what manner he thinks proper without injury to his neighbor, is a plain violation of this most sacred property. It is a manifest encroachment upon the just liberty both of the work-

man and of those who might be disposed to employ him, as it hinders the one from working at what he thinks proper, so he hinders the others from employing whom they think proper."

In France the trade guilds had attained to great power and their leaders became courtiers, advancing their combined interests by additions to the royal revenues. The great Turgot, minister of finance to Louis XVI, found it necessary to curb them by a royal decree, in which he said: "It was the allurement of fiscal advantages that prolonged the illusion and concealed the immense injury they did to industry and to natural right. This illusion has extended so far that some persons asserted that the right to work was a royal prerogative, which the king might sell and that his subjects were bound to purchase from him. We hasten to correct this error, and to compel the conclusion, God, in giving to man wants and desires rendering labor necessary for their satisfaction, conferred the right to labor upon all men, and this property is the first, most sacred and imprescriptible of all. The king therefore regards it as the first duty of his justice and the worthiest act of benevolence to free his subjects from any restriction upon this inalienable right of humanity."

Sir William Blackstone says: "Civil liberty, the great end of all human society and government, is that state in which each individual has the power to pursue his own happiness according to his own views of his interest and the dictates of his own conscience, unrestrained except by just, equal and impartial laws."

The Supreme Court of Connecticut is followed by all our courts in declaring: "That only is a free government, in the American sense and term, under which the inalienable right of every citizen to pursue his happiness, is unrestrained except by just, equal and impartial laws."

As it will be seen that the right of union labor to exile and make outcasts all Americans who are non-union laborers is at war with these principles which are declared to be the essence of free government, its continued and progressive assertion implies, of necessity, the existence of a revolution the most serious in its effects that has ever tested our institution.

To many sensitive persons war is abhorent, but this revolution proceeds with all the incidents of war and most of its repulsive features, reinforced by negative assaults upon life, by the boycott, ostracism, denial of medical service, and other forms in which a sense of absolute power may assert itself.

The right to license American labor is the universal claim of the unions, as a right pertaining to that "sovereignty" which Mr. Gompers proclaimed, when he asserted for it a power universally denied to the sovereignty of nations.

It is far more important to recognize the existence of this revolution than to make quarrel about it and its causes. It is here. It is manifested constantly in some part of the country. Whether it be the car crews of Waterbury or the drivers of delivery wagons in Kansas City, the coal miners of Pennsylvania or the gold miners of the Coeur d'Alene, the right claimed is the same, and the weapons of warfare, dynamite, guns, bludgeons and the torch, are the same, while the restraints of the law every day grow weaker and less capable of protecting the right of private contract and individual freedom. The constitution recogizes the militia as the safeguard of the country. The labor unions withdraw their license to live by work from members who join the national guard. Their sovereignty asserts superiority to that established by the constitution, and Mr. Gompers speaks of the United States as "our competitor."

The revolution does not stop with denial of the right of an American to live without the license of its leaders. It does not rest with a denial of the rights of person, but is moving steadily against the rights of property. During the hard coal strike there appeared the claim that, when the owner of property affected by public use is denied control thereof by an unlawful physical force that over matches him, there arises public jurisdiction for the expropriation of his property, for its confiscation and conversion to public ownership. This argument was put for the leaders of the revolution in this form: "A man's garments are his private property, yet the law may strip an infected shirt from his back and imprison him until he is no longer a menace to the public health. The state may seize the body of a citizen, put it in the fore front of battle, cause it to be sunk in the ocean or burned to ashes and its owner has no recourse. Therefore, the citizen's right over his private property ceases, when his use or non-use or abuse of that right becomes a menace to his fellow citizens."

It is true that this was applied to coal properties, as affected by a public use. But property that produces food or fiber, is as much affected by a public use as that which produces fuel, so that practically all property comes under the ban of the revolution, and to compel its non-use by force originates jurisdiction for its expropriation.

In his letter of October 17, 1902, President Mitchell said what the president of the United States cannot say: "They (the owners of coal property) are forced to acknowledge their inability to operate their mines without our consent."

This being true, the preliminaries to expropriation are brief. When the labor unions withdraw their consent for a man to use his property, its forced non-use condemns it to expropriation. This doctrine was immediately adopted by one of the great political parties in the state of New York as a platform declaration of its principles, and that it came within less than

a score of thousands of electing its candidate is only another evidence of the progress of the revolution. No reasonable citizen should expect that the very general assent to the right of the unions to enforce their labor license by their death penalty will be withheld from the assertion of their right to destroy the far less sacred rights of property. Some may hope for judicial resistance. But first stands an elective judiciary, subject to the same political considerations that influenced the New York Democracy last year. That judicial skirmish line will soon give way, and the accumulating force of the revolution will make short work of the Federal judiciary, to which it is proposed already to deny the right to protect the rights of property by the writ of injunction.

The most recent use of the injunction was by Judge Adams, to protect the property of the Wabash Railway against certain labor unions. The union leaders incorrectly assumed that the judge had enjoined the unions from quitting work, and denounced him as a madman or a despot.

The right to work and the right to quit work are equal, and have been held by the courts equally inalienable. But the unions claim, and continually exercise, the power to prohibit the right to work and enforce that power by the death penalty, and the acquiesence of the whole people is more freely given as the exercise of the prohibition, and administration of the penalty, increase in frequency. Declaring, though mistakenly, that a judge has denied the right to quit work, and is therefore a "madman or a despot," what are the unions which prohibit men working at all?

It is intended herein to state calmly a condition of which the American people are daily made aware, and to carry that condition to its logical conclusion, which is the overthrow of our present system of government, which will, indeed, fall of its own non-use, by ceasing to protect rights that existed before it was created.

We need write nothing more for the physician who has read the above to demonstrate the dire need of immediate and centralized organization for self protection in Kansas.

LYON COUNTY SOCIETY.

PROGRAM FOR THE WINTER.

NOVEMBER, J. M. Poindexter, Fistula in Ano.
DECEMBER, J. F. Morrison, Etiology and Treatment of Anasarca.
JANUARY, G. A. Biddle, Typhoid Fever.
FEBRUARY, T. F. Foncannon, The Headaches of American Women.
MARCH, L. D. Jacobs, The Nervous Features of Disease.
APRIL, Annual Address of the President, J. M. Parrington; Banquet.

THE POINT OF VIEW.

Please read the matter in this issue regarding the Southeastern Kansas Medical Society. It is instructive in showing how the isolation in which Kansas has been living has warped the judgment of many physicians. The view point of many physicians regarding organization seems to be the selfish consideration, "What am I to get out of the proposed movement?" and not, "Will such a project benefit the profession of the state and make medicine a nobler calling?" Such men forget that they gain a more lasting profit by benefiting their colleagues and their profession, than if they personally receive financial profit or present renown.

Just look at the waste of energy in this state when we run three medical journals as organs of four societies, supposed by some to be co-ordinate. (And yet on that last point the present constitution of the Southeast Medical Society expressly states, as follows, its subordination: Article I, "The name of this society shall be Southeast Kansas Medical Society. It shall be auxiliary to the American Medical Society and State Medical Society.") But to resume our discussion of wasted energy; if we could only get these men who now pull apart to pull together, it would be only a short time until Kansas could boast of an organized profession. Our ideals are low, our view points selfish. If we can get our counties organized, and, where the counties are not well populated, the district societies at work then it will be only a matter of course that the State Society be truly representative of the Kansas physicians and a great help both to the profession as a whole, and to the physicians as individuals

The whole purpose of the reorganization as outlined by the American Medical Association is to get rid of superfluous and co-ordinate organizations and to develop a symmetrical structure of county, district, state and national society, a structure in which the county society is to be the most important. Therefore we would personally be greatly pleased if the brethren in southeastern Kansas would devote their energies to building up some strong county societies and thus put their energies where most needed. The efficient local society is the *summum bonum* of the organized profession.

DR. CHARLES GARDINER.—OBITUARY.

Charles Gardiner, M. D., died suddenly on September 24 in Emporia, Kansas, from heart disease, while endeavoring to arrest a hemorrhage following tonsilotomy.

Dr. Gardiner was born in Poughkeepsie, New York in 1847. Bereft of parents at an early age, his youthful training was under the supervision of an aunt. Twice rejected because of his age, he finally joined the army, being assigned to the Second New Jersey Cavalry, where he served two and one-half years. Following the war he finished his academic studies at Lebanon, Ohio, and followed this with a medical course, graduating from Jefferson Medical College in 1879. In 1882 he took graduate work in the University of Pennsylvania. His first work in practice was at Hampton, Connecticut in 1879, and in 1882 he married Charlotte Lyon, who survives him.

Dr. Gardiner came to Emporia in 1884 and for nearly twenty years had enjoyed one of the largest and best practices in that section of Kansas, his services as a consultant being especially in demand.

His death was a distinct loss not only to the medical profession but to Emporia as well. He was intimately associated with every movement for the town's good. At the time of his taking off he was serving as a member of the Board of Education and had given much time and thought to the betterment of the schools.

Dr. Gardiner's characteristics were strength of character, love of his profession and a tireless worker. He hated sham and quackery in every form. He was strictly ethical and beloved by all practitioners who had the high calling of their profession at heart.

At the time of his death he was a member of the Board of Pension Examiners. He was a member and ex-president of both the Lyon County and the Kansas Medical Society and for many years had been a member of the American Medical Association.

J. M. PARRINGTON.

RESOLUTIONS.

At the last meeting of the Lyon County Medical Society the following resolutions on the death of Dr. Charles Gardiner were adopted:

RESOLVED, That we, the members of the Lyon County Medical Society, recognize in the death of Dr. Charles Gardiner that the profession has lost one of its most influential zealous and progressive members. As a colleague he was both loyal and generous; as a practitioner he was self-reliant conservative, vigilant, devoted; as a consultant he was wise, courteous and honorable; in all that pertained to medical advancement he was sincere and faithful.

That we deeply feel and mourn the absence of his cheerful face and bright presence from our midst.

That we extend to his wife our sympathy in her great bereavement and with her cherish the memory of a friend and companion of such virtue and integrity.

That these resolutions be spread upon the minutes of the society; a copy sent to Mrs. Gardiner, and that they be published in the papers of our city and in the State Medical Journal.

THE GOLDEN BELT MEDICAL SOCIETY.

The Golden Belt Medical Society held its regular fall meeting in the Masonic Temple at Solomon, Kansas, Thursday, October 1, 1903.

President Riddel called the meeting to order at 4 o'clock p. m., with the following present:

Doctors King, Gaines, A. G. Anderson, Neptune, Curtiss, Fowler, Williams, Moses, Shelley, Lagerstrom, Glasscock, Felty, Gray, Need, Conklin, Hazlett, LaFevre, Lindsay, Punton, May, Simonton, Toby, C. M. Anderson, Leverich, Riddell, Simmons, Hayes and Vermillion.

The minutes of the previous meeting were read, corrected and approved. The president announced the following three standing committees for the year:

Committee on Ethics and Elections:

E. E. Hazlett, Abilene.

W. E. Fowler, Brookville.

W. S. Lindsay, Topeka.

Committee on Publication:

A. A. Shelley, Abilene.

J. T. Curtiss, Dwight.

Leslie Leverich, Solomon.

Committee on Program:

A. A. Shelley, Abilene.

A. G. Anderson, Salina.

F. S. Williams, Chapman.

Dr. F. M. Gaines presented a case of skin disease to the society for diagnosis and suggestions as to treatment. Nearly all the members present examined the case, and it was agreed that it was a case of PSORIASIS. The case was discussed by Dr. Lagerstrom, who agreed in the diagnosis, and stated that he believed that all cases of psoriasis could be cured if properly treated, at least temporarily. This disease was always prone to return, and in the vast majority of cases would return, and the treatment would again be demanded in order to hold the affection in subjection. The doctor recommended that small doses of arsenic be given internally, and that a local treatment consisting of applications of chrysarobin be applied to the patches after all scales had been removed, and the diseased portion bleeding freely. This treatment judiciously followed, would in all cases give relief to the patient, and cure the disease. In case of a return of the disease, the same treatment was to be repeated.

Dr. Gaines next presented the case of a child two months of age, with

DOUBLE TALIPES VARUS. Dr. Gaines reported that an operation in this case was refused, and that he had been treating the child since birth by the extension and fixation method, and that so far he had obtained good results, and hoped eventually to remedy the defect. The case was examined by the doctors present, and discussed by Doctors Gray, Fowler and Moses.

Taking up the regular program for the meeting, a paper was presented by Dr. J. T. Curtiss of Dwight, Kansas, "THE TOXICOLOGY OF THE COAL TAR DERIVATIVES." The doctor took the ground that all the coal tar products were more or less toxic in their effect, and should be used with due precaution. The practice of putting up the coal tar products in the form of patent or proprietary remedies, and dispensing them over the counters of the drug store as headache remedies and otherwise, was a matter to be deplored, and the practice to be discouraged as much as possible. The literature contained many cases of death due to the taking of some one of these coal tar derivatives, and it is only fair to presume that the great bulk of these cases failed to reach publication. On the other hand the doctor pointed out the great value to medicine and to therapeutics of this whole class of remedies, and showed how some of our most valuable hypnotics, analgesics and febrifuges belonged to this class of coal tar derivatives. In conclusion, the speaker strongly advocated their use, but discouraged their abuse, and the indiscriminate prescribing of them. The subject was discussed by Doctors Punton, Toby, Lagerstrom, Riddell, Glasscock, Gray and Gaines.

Dr. W. S. Lindsay of Topeka read a paper entitled "SOME DEFECTS IN OUR EDUCATIONAL METHODS." He very clearly showed that some of the methods of the schools of the present day were decidedly injurious to the growing boy or girl, and that some steps ought to be taken to remedy them. He placed particular stress on the early age at which pupils were put in school, and the tiresome and monotonous routine carried out. Bad ventilation, bad light and overwork were responsible for frequent break-downs of the student. Proper exercise should be observed as well as proper food and a strict regard for the laws of health.

Dr. O. U. Need of Oak Hill, next read a paper on "THE TREATMENT OF SECUNDINES AFTER MISCARRIAGE." The doctor dwelt upon the difficulty experienced by the country practician in dealing with these cases as found in general practice. It is believed that an early and prompt effort should be made to empty the uterus of its remaining contents after miscarriage and as soon as the exigencies of the case would permit. As a rule, he thought it better to dilate the os, and curette by means of the blunt curette under strict aseptic precautions, using the greatest care that all portions of the placenta and membranes were brought away. Discussion ensued, participated in by Doctors Fowler, Gray, Simonton and Riddell; at the end of which these gentlemen agreed with the essayist as to the course of procedure.

Dr. Fowler suggested that it was his practice in some cases to pack the vagina and to allow some hours to elapse in the hope that contractions would be brought on, and the uterus deliver itself of its contents. In some cases he had injected into the uterus carbolized oil, which had in his hands acted very kindly, brought on contractions, and thoroughly emptied the uterus and the after results in these cases had been particularly pleasing.

"MEDICAL MALINGERING AND ITS DETECTION" was the subject of the paper by Dr. John Punton of Kansas City, Mo. Dr. Punton narrated the case of Oran Hoskins of Fort Worth, Texas, as published in the July, 1903, issue of the "Index-Lancet," and treated rather extensively on the subject of medical malingering in general. He thought that this evil was on the increase, and that the physician must have a watchful eye to the conditions in order that no injustice be done to any of the parties concerned. In many of the cases, malingering was difficult of detection, and it was only by means of applying the most sensitive physiological and pathological tests that we were able to really detect the fraud. This paper was discussed by Doctors Lindsay, Glasscock, Gray, La Fevre and Tobey.

Dr. H. N. Moses of Salina, Kansas, presented a paper on "SYMPTOMS THAT MAY BE ATTRIBUTED TO THE CHANGE FROM THE HORIZONTAL TO A PERPENDICULAR POSITION IN MAN." This paper clearly demonstrated that Dr. Moses had given the subject deep thought, and had the data well in hand. The paper concerned points in evolution which are of very vital importance to the medical man. We trust that the doctor will pursue the subject further, and that we may be able to hear from his able pen more on this matter.

On invitation, Dr. George M. Gray of Kansas City, Kan., reported the case of an operation for STONE IN THE GALL BLADDER AND DUCTS. Dr. Gray showed by means of this case how bloody an affair an operation of this character can be, and spoke of the various methods, all of them more or less unsatisfactory, to control the hemorrhage in gall bladder surgery. As with the doctor's case, many of the cases are unable to withstand such loss of blood, and in consequence many of them die.

Applications for active membership in the society were received from the following:

Dr. G. M. Anderson of Beverly, Kansas, a graduate of the College of Physicians and Surgeons of Kansas City, Kansas, class of 1901.

Dr. N. D. Tobey of Salina, Kansas, a graduate of the University of Maryland, medical department, class of 1865.

The committee on Ethics and Elections having reported favorably on these candidates, they were duly elected members of this society.

After some discussion, the society voted to meet at Wamego, Kansas on the first Thursday in January, 1904.

The Solomon fraternity deserve great credit for the excellent manner in which they entertained the members while in Solomon. Refreshments were served continuously during the afternoon and evening. This social feature of medical meetings is a very valuable one, in that it brings the members closer together, creates a more friendly and brotherly feeling, and does away with that stiffness so often present in society meetings. It would be better if every society would add to its meetings this social feature, whether it take the form of a luncheon, or some other means. We know that every member of the Golden Belt Medical Society present enjoyed the efforts of the Solomon members, and has carried away only the best of feeling and good will.

A. A. SHELLEY, Secretary.

WYANDOTTE COUNTY SOCIETY.

PROGRAM FOR THE QUARTER.

October 4, S. S. Glasscock, Epilepsy.
" 11, R. A. Roberts, Fistula in ano.
" 18, John Troutman, Post mortem inspection.
" 25, J. W. May, Ophthalmia gonorrhoica.
November 1, F. Campbell, Infantile diarrhoica.
" 8, G. M. Gray, The value of antiseptics in the treatment of infected wounds.
" 15. B. M. Barnett, Cases from practice.
" 22, J. E. Sawtelle, Nasal obstruction.
" 29, J. A. Mitchell, Typhlitis and perityphlitis.
December 6, T. E. Hays, Functional nervous diseases.
" 13, P. D. Hughes, Report of cases.
" 20, Martha M. Bacon, Typhoid fever.
" 27, Hon. Winfield Freeman, Medical jurisprudence,

THE PHYSICIAN should be a man of leisure. He of all men needs to ponder his work, to read and compare. Therefore those physicians who rush about night and day are not representative of the best type of medical men. Like the clergyman, the physician must be a thinker, a library and a laboratory worker. The man of affairs, the "hustling" money maker, is not the one to advance medical science.

*INFECTIOUS DISEASES AND QUARANTINE.

BY ARTHUR W. CLARK, A. M., M D.,
Health Officer, Douglas County.

In view of the fact that scarlet fever is now prevalent in this community, I wish to call your attention to a few points in connection with that disease. Fortunately the epidemic has been a mild one, there having been but five deaths in 180 known cases, or a mortality of less than three per cent. I have no doubt there have really been 200 cases altogether, perhaps more, many having been overlooked or concealed by the children's parents, and I know of fifteen cases that were overlooked and not recognized by the attending physician until they had had ample time and opportunity to infect others. The reason for this was, that the physicians diagnosed and prescribed for simple sore throats and made no further calls, and when the rash appeared the next day, the childrens' parents either honestly believed it amounted to nothing, or else knowingly concealed the cases to avoid being quarantined.

The prevalent idea that "scarlet rash" is a distinct and less infectious and dangerous disease than scarlet fever ought to be combated by every physician, and its danger made perfectly clear to the laity.

I regret to have to say that even at this late day there are *physicians* who insist that scarlet rash is a different and harmless disease, and few of them live right here in Douglas County and are supposed to be "reputable and legally qualified practitioners of medicine"! It is a mystery to me how a physician can hold up his head and boldly declare such a belief in face of the accumulated testimony of the best diagnostitians and sanitarians to the contrary—for instance: William Osler, Austin Flint, Sr., M. Emmett Holt, S. M. Rotch, J. Lewis Smith, Tyson Eichhorst, Blyth, Goodall and Washburn, Notter and Firth, Stephenson and Murphy, and George M. Sternberg, late Surgeon General of the Army, one of the best authorities we have on bacteriology and sanitation. It cannot be expected of any one physician that he "know it all", but here is an instance where he cannot have the excuse that he never heard of it—it is simply a case of his setting up his own comparatively small, individual opinion and experience against the accumulated wisdom of the acknowledged masters of the profession the whole world over.

In order that such men may have no excuse for failing in their duty, the statutes of this state prescribe that "patients suffering from or exposed

*Read at the meeting of the Douglas County Medical Society, Feb. 3, 1903.

to scarlatina or scarlet rash or varioloid shall be required to undergo the precaution prescribed for scarlet fever and smallpox respectively."

So that makes it the *law*, whether it is right or not.

As to the length of quarantine, here again the brightest lights of the medical profession insist upon a six weeks' isolation as a *minimum*, and in case the desquamation persists longer, or there are suppurating glands, ears, throats or noses, — that the quarantine shall last until these manifestations have ceased.

The Kansas statutes do not specifically prescribe the length of quarantine. They do say, however, that it shall be in accordance with the rules of the State Board of Health, and as that board prescribes from six to eight weeks, or longer if necessary — a minimum of six weeks quarantine has all the force of a law.

A local physician recently said that he believed the writer caused the concealment of cases of scarlet fever by fear of such a long period of quarantine, implying by this that I ought to use discretion in the matter and release some cases earlier.

I have no discretion whatever to release a case under forty days, and shall not do so.

(Continued in next issue.)

NEMAHA COUNTY has organized. The next meeting will be held in Centralia, November 11.

JOSEPH L. HAGERTY, M. D., a graduate of Rush Medical College in 1874, died at Topeka after a long illness on Sept. 24.

DR. J. S. HAUSMAN, of Marysville, has been acquitted on a charge of criminal abortion, without having had to call a witness in his defence.

PROF. HYDE'S paper, read at Concordia, has already been published elsewhere and is therefore not eligible for publication in this JOURNAL.

DR. J. M. POINDEXTER has removed from Emporia to 534 Altmann building, Kansas City, where from 9 to 1 o clock he will take care of proctological cases. He will retain his membership in this society.

THE STATE HISTORICAL SOCIETY desires copies of this JOURNAL for July, 1901, January, February, August, October, December, 1902, and January to May, 1902. If any of our readers have one or more of these issues on hand and are willing to part with them it would assist greatly in completing the historical records of the State, if the journals be sent to this office. This course is necessary because no complete file of the JOURNAL has been handed over to the present editor.

THE SOUTH-EASTERN SOCIETY.

MINUTES OF THE RECENT MEETING.

PARSONS, KANSAS, Sept. 1, 1903.

Meeting called to order by the president, R. Aikman.

The secretary, Dr. Geo. Liggett, being absent, C. N. Petty was elected secretary *pro tem.*

Minutes of last meeting were not read.

Order of business proceeded with as follows: The following members were elected: S. K. Shenck, of Parsons; J. M. Cunningham, of Parsons and R. J. Pearce, of Pleasanton.

It was moved by Dr. Huffman that the name of the South-Eastern Kansas Medical Society be changed to South-Eastern Kansas District Medical Society. Motion carried.

Fort Scott was decided on as the next meeting place.

Election of officers followed, with the following result:

President, M. F. Janet, Ft. Scott; *Vice President*, J. B. Anderson, Chetopa; *Secretary*, Geo. S. Liggett, Oswego; *Treasurer*, J. E. Jewel, Moran.

Other Members of Executive Committee: R. L. Von Trebra, Chetopa, G. W. Maser, Parsons, C. S. Huffman, Columbus.

Motion made and carried that a committee of three be appointed to revise the by-laws.

Committee: Dr. Kleiser, Parsons, Dr. Petty, Altamon, Dr. Pettet, Mound Valley.

Reading of following papers was next in order:

President's address..... R. Aikman, Ft. Scott.
Glaucoma..... G. W. Maser, Parsons.
Malaria vs. Typhoid Fever C. N. Petty, Altamont.
Medical Jurisprudence, Hon. Thos. M. Brady, Parsons.

All papers were fully discussed by members present.

C. N. PETTY, *Secretary Pro Tem.*

PROTEST BY DR. LIGGETT.

(COPY OF CIRCULAR.)

OFFICE OF THE SECRETARY
OF THE
SOUTH-EAST KANSAS
MEDICAL SOCIETY.

Oswego, Kansas, October 6, 1903.

MY DEAR DOCTOR:—

At a meeting of the society held in Parsons, Kansas, on September

First, a motion was made and carried to change the name of the society to "The South-East Kansas District Medical Society." This was not in accordance to the constitution of "The South-East Kansas Medical Society," for in Article One of the constitution it says what name the society shall be; and in Article Five it says that "Any proposition to change this constitution must be submitted, in writing, signed by two members, not to be acted upon before the next regular meeting, and then not adopted unless by consent of three-fourths of the members present." Thus you see this change was made unconstitutionally. In accordance with this motion they proceeded to elect officers in accordance with the rules of the State society, as follows:

President, M. F. JARRETT, of Fort Scott.
Vice President, J. B. ANDERSON, of Chetopa.
Secretary, G. S. LIGGETT, of Oswego.
Treasurer, J. E. JEWELL, of Moran.

Executive Committee { R. L. VON TREBA, of Chetopa. G. W. MASER, of Parsons. C. S. HUFFMAN, of Columbus.

They then made the elective officers members of the executive committee which was not in accordance with the custom of our society.

There was then a committee of three appointed to revise the By laws, consisting of Drs. Kleiser, of Parsons, Petty of Altamont, and Pettit, of Mound Valley.

I have since received a letter from Dr. C. S. Huffman, of Columbus, saying that now the dues will be three dollars a year, and that the membership fee will be two dollars. Two dollars of the dues goes to the State Society each year, and one dollar of the membership fee goes there too. The rules of the State Society makes it possible for there being County Auxiliary Societies. Doctor, we are being absorbed. It has been said that The South East Kansas Medical Society was equal, if not better than the State Society. We know that it is not run by politics nor cliques. We have a good society. Do you want to be absorbed in this manner?

I give you notice of your dues, so you can prepare yourself to vote if you desire to help either way.

Your dues to June 1903 are..... OUR BY-LAWS say that "Any member two years in arrears and who does not pay after due notice from the secretary, shall forfeit his membership." You will know by this above notice whether you are a member or not. The next meeting will be held at Fort Scott, on the first Tuesday in December of this year. Pay up and attend the meeting, and if you are in favor of the contemplated move, vote that way, if not be there to keep up the old organization.

The program for the meeting at Fort Scott is as follows, and as each of

you see your name thereon, prepare yourself accordingly, and write me your acceptance:

J. B. Anderson, Chetopa, "Thirty Years Practice."
J. B. Carver, Ft. Scott, "Pneumonia."
J. E. Jewell, Moran, "Exophthalmic Goiter"
John Punton, Kansas City, "Headache."
E. E. Liggett, Oswego, "Bronchitis in Children."
A. C. Graves, Pittsburg, "Vascular Keratitis."
M. A. Finley, Cherryvale, "Gastritis."
A. J. Roberts, Ft. Scott, "The Charlatan."
J. M. Kleiser, Parsons, "Emergency Practice."

Yours Fraternally,
GEO. S. LIGGETT, M. D.,
Secretary.

DR. LIGGETT'S STATEMENT.

OSWEGO, KAS., October 19, 1903.

G. H. HOXIE, M. D.,
Lawrence. Kas.

DEAR DOCTOR: I enclose the minutes as I got them from the secretary *pro tem.*, and if you can make any minutes out of them you are welcome to them. I recorded them about as written.

I got a letter from a member of the state society who is also a member of our Southeastern Kansas Medical Society, in which he says, "There is no question about the Southeastern Kansas Medical Society being equal if not better than any other in the State of Kansas. It is a sure thing that the state society had fiddled out until a few of the Topeka college fellows were all that remained." Dr. Jarrett, the present president of the Southeastern Kansas thinks that the Southeastern Kansas is on the wane. We did well as long as the Fort Scott and Pittsburg doctors came to the meetings.

With dues a dollar a year and many even then not paying, the money accumulated and now we are asked to put up two dollars more. This two dollars don't amount to so much if one got any benefit. It would not do me any good to pay the state society two dollars each year, for I don't suppose I would ever attend a meeting. I feel this way about it. I have sent out a circular letter which will notify the members. If they desire they can pay up and vote as they want. The thing was not done according to the constitution. The committee was appointed in March to correspond with the membership and learn their wishes in regard to the change. This was *not done* and only a few were present at Parsons.

Yours fraternally,
GEO. S. LIGGETT.

NORTHEAST KANSAS DISTRICT MEDICAL SOCIETY.

The fall meeting of the First District Society was held in Leavenworth Oct. 1. There was a good attendance and the interest was maintained to the close of the meeting. The local physicians proved themselves most entertaining hosts, showing the visitors every attention and giving them an opportunity to see the places of interest in and around Leavenworth This of itself would repay one for the time spent.

The visitors were given a dinner at the National hotel and a goodly number sat down.

The meeting was called to order by the president, Dr. R. A. Roberts, at 2 p. m. and the routine business was disposed of. The committees appointed were:

AUDITING:—Drs. Langworthy and Hoxie.

APPLICATIONS:—Drs. McKee, McVey and Bacon.

PUBLICATION:—Drs. Hughes, Bowen and Lane.

Invitations for the next meeting were received from Atchison and Lawrence. A vote decided in favor of Atchison and the next meeting will be held there in February.

The by-laws were amended so that the date of meeting would not conflict with that of the Golden Belt Society and the date now is the second Thursday of February and October instead of the first Thursday.

The committee on publications recommended that all the papers read at the meeting be published.

A hearty vote of thanks was tendered to the members of the profession in Leavenworth for their very kind hospitality and to the Elks for the use of their club rooms.

Dr. H. J. Stacy, of Leavenworth, read a paper on septic infection, taking the ground that free drainage should be obtained and maintained; and corrosive sublimate solution used for flushing. In the discussion considerable was said *pro* and *con* the use of serums.

Dr. Hugh Wilkinson of Kansas City advocated delay in treating syphilis until the secondary symptoms appeared. His thesis was opposed by some of those present.

Dr. H. T. Jones of Lawrence, exhibited a 5-months foetus showing the typical lesions of small-pox.

Dr. S. B. Langworthy of Leavenworth discussed the repair of the perineum, urging the repair of even the slightest laceration and condemning the usual simple side to side suture. The discussion hinged on the possibility of avoiding lacerations.

Prof. C. E. McClung, of Kansas University told of his researches into sex determination, suggesting the probable influences and pointing out the difficulties of its voluntary control in man.

Dr. J. W. May of Kansas City reported a series of cases showing splendid results from the use of argyrol in simple, and gonorrheal conjunctivitis.

All these papers will probably appear in the JOURNAL.

Register of members present:

Topeka—W. F. Bowen, W. E. McVey, R. S. Magee.

Lawrence—H. T. Jones, G. H. Hoxie, C. E. McClung, James Naismith.

Kansas City, Kansas—J. W. May, F. M. Tracy, C. A. Foulks, P. D. Hughes, Annie J. Scott, Martha M. Bacon, Anna K. Masterson, J. E. Sawtelle, R. A. Roberts.

Atchison—E. T. Shelley, Lydia Stockwell.

Leavenworth—H. J. Stacy, C. J. McGee, Mayer Shoyer, W. R. Van Tuyl, J. L. Everhardy, C. K. Vaughn, R. L. Boling, A. J. Smith, S. N. Jackson, C. M. Moates, James A. Lane, S. B. Langworthy, C. C. Goddard, Stewart McKee, John S. Weaver, W. W. Walters.

Gardner—W. C. Harkey.

Ozawakie—A. D. Lowry.

National Military Home—O. C. McNary.

Lecompton—H. L. Chambers.

JAMES NAISMITH, *Secretary*.

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*THE DOCTOR, THE NURSE THE TRAINING SCHOOL: THEIR RELATIONS AND INTERWOVEN RESPONSIBILITIES.

BY B. D EASTMAN, M. D.,

Superintendent of Christ's Hospital, Topeka.

"The hour has come, and the man" is a legend applicable to many important, far reaching crises. That both the hour and the men arrive admits of no dispute, but it is not always so clear whether the hour brings the man or the man determines the hour. Indeed, the truth is that the same evolutionary tendencies which bring the one develop the other. To cite a single example: Note the final clash of the irrepressible conflict between freedom and slavery and the appearance upon the stage at the critical time of the immortal Lincoln. You can neither say that the hour of conflict developed the leader, nor that the man determined the hour; both were simultaneously developed by the inexorable logic of events, *i. e.*, evolution

*Read before the Shawnee County Society July 6, 1903.

From a medical standpoint, this legend may be paraphrased, and we may say "the hour has come and the nurse." With all due respect for Florence Nightengale and her coajutors and successors, I can but regard her work as only one of the factors in the wider evolution. With the progress in medicine and surgery, the discovery by medical men of the germ causation of many diseases, the elaboration of antisepsis and asepsis, the assimilation of much of this knowledge by the hearty and the consequent demand, both by the practitioner and patient for better nursing, the young woman longing for wider usefulness and better renumeration seized opportunity by the forelock, and the trained nurse was evolved. The most potent agency in this movement, the development of the trained nurse, has been, I believe, the medical profession educating not only its own members but the public as well to the necessity of higher knowledge and greater efficiency among nurses. Manifestly the education of nurses should be practical and clinical as well as didactic and theoretical, hence the organization of Traing Schools for Nurses as an intregal part of hospital work. It is not many years since the first training school was organized.

The charter of Christ's Hospital, in accordance with the requirements of the law, was filed in the office of the Secretary of State July 1st, 1882. The purposes for which the corporation was formed as set forth in the charter are:

"1st. To provide medical and surgical aid and nursing for sick and injured persons. 2d. To instruct and train suitable persons in the duties of nursing and attending upon the sick. 3rd. To provide the instructions and consolations of religion * * * for those under care * * * 4th. Such other charitable or benificent purposes incidental and kindred to the above mentioned as the trustees may hereafter prescribe."

The training of nurses is thus shown to have been one of the original functions of the hospital.

In the earlier years of the hospital it was not practicable to develop fully the Training School, but of late years an efficient Training School has been maintained which, I believe may properly be said, is second to none in the west. Its term of study is three years and strenuous effort is making to admit only those candidates who show an aptitude for the profession of nursing, for Trained Nursing deserves to be ranked among professions.

Our sister hospital, Stormont, also maintains a most excellent Training School with a three years course of study, and as all of you doubtless know, has just held her graduating exercises. I doubt if there is another city in the country of the same population as Topeka that has two such schools.

Like other professional schools, the Training School for nurses has to encounter all sorts of competition. Very small hospitals inadequate to the proper maintenance of an efficient Training School, have sought to lighten expenses by means of a pseudo training school. The so-called graduates of

this class of schools are not qualified to be classed as professional graduate nurses.

The Correspondence School is also getting in its deadly work. One of them, The American Correspondence School for Nurses, 164 Dearborn Street, Chicago, advertises:

LADIES!

> Study at home, train to nurse, simple, easy for all. Our method endorsed by physicians everywhere. We give our pupils bedside experience and demonstration by oral instruction.

I have not, to use the expressive vernacular, "met up against" the correspondence nurse, and I would by no means say one could learn nothing by correspondence, but it stands to reason that such a correspondence nurse in a serious case would only be a delusion and a snare.

The medical profession properly seeks to expell from its ranks and disqualify from practice quacks, pretenders and non graduates. It claims that no person should be allowed to practice medicine or surgery unless he has devoted four years to the study of medicine and has graduated from a regular recognized medical college. A person who falsely represents himself to be a graduate or fraudulently affixes M. D. to his name, in short, sails under false colors, is amenable to the law. Should one be so unfortunate as to break a leg in an inaccessible logging camp or on shipboard, he might properly and gladly avail himself of the aid of the camp-boss or ship-carpenter, but when medical service is at hand the camp-boss or ship-carpenter would be left to attend to legitimate business.

The medical profession owes it to themselves, to the public, to their patients and to the nurses as well, to support, sustain and encourage the Graduate Nurse. The doctor should esteem the diploma of the nurse much as he regards his own. When a nurse is to be selected for a patient the doctor should always recommend the employment of a Trained Graduate Nurse. No censure can attach to the physician who, when no graduate can be had, or when his patient is unable to pay for such nurse, employs the best available, but he ought always to advocate the Graduate Nurse.

There are located in Topeka ten graduate nurses from Christ's Hospital, two graduates from Stormont and six graduates from other schools, eighteen in all Differing among themselves in their personality and special adaptativeness, they are all, I believe, competent and trustworthy nurses, and should stand of right, as the first, and if possible the only, choice of the medical profession.

Besides these there are six or eight persons who pose as Christ's Hospital Nurses and wear its uniform, who are not graduates and are not en-

titled to sail under its colors. These persons have been connected with Christ's Hospital Training School as pupil nurses for varying periods of time and have left without completing the course of training, some of them under circumstances not to their credit. These pretenders are being employed by practitioners, in some instances in preference to graduate nurses. Stormont Training School is fortunate in not having any pretender in Topeka at present, the last one having left the city to flaunt her Stormout uniform elsewhere, where her history is not known.

In addition to those who are fraudulently wearing Christ's Hospital Uniform there are several others in the city who wear uniforms and pose as trained nurses who are not graduates of any school—indeed never attended any training school. The nurses uniform should distinctively make the graduate nurse and there ought to be some legal way to prevent others than graduates wearing the uniform of any school or any imitation thereof, excepting of course, as pupil-nurse of a training school. It may be difficult or impossible to accomplish this by law. An act passed by the last Illinois legislature was vetoed by Governor Yates and in New York an effort to pass such a law failed. There is in this state a law prohibiting an unauthorized person from wearing the badge or uniform of certain societies or orders. An effort will be made at the next session of the legislature to extend the scope of this act and to include the badge or insignia of a Graduate Nurse. While it may not be impossible to secure any law upon this subject, the attitude of the medical profession can do much towards shaping public opinion in the matter, and public opinion is very powerful.

The Graduate Nurses should take both interest and action in this matter. I have no patience with that sort of unionism which by its boycotting and violence becomes criminal, but there can be no objection to graduate nurses organizing for mutual association and helpfulness. They could form such a union or association. The Graduate Nurses Association, hold meetings for recreation and interchange of ideas and experiences, have an association badge, etc., all of which would distinguish them from the non-graduates and would not be interfering with any of their rights.

The graduate nurses in Topeka have not yet comprehended their position. They have affiliated with the non graduates, asked that they be employed and recommended them to patrons. What would the nurses think of the doctor who affiliated with and recommended pseudo doctors who had been expelled from medical college, or abandoned their studies when only half completed. The graduate nurse should value her diploma as the medical practitioner values his.

Since this paper was conceived and indeed mostly written, the staff of Christ's hospital held a meeting at which the following preamble and resolution was adopted:

WHEREAS in order to achieve the greatest measure of success the doctor requires the aid of the trained nurse, and

WHEREAS the proper training of a nurse can only be accomplished by a systematic course of instruction in a training school, leading to graduation and diploma, and

WHEREAS there are in Topeka several young women, who without completing such course of instruction and of course without graduating, are posing as trained nurses and wearing nurses' uniforms. Therefore be it

RESOLVED, That the members of the medical profession should uphold the dignity and importance of trained nursing by always advocating the employment of a regular graduate nurse holding a diploma from an accredited training school.

It was also moved and voted that the secretary of the staff send a copy of the resolutions to the chief of staff of Stormont hospital and invite its cooperation. This has been done and the staff of Stormont hospital is in accord with this resolution and I have no doubt the majority of the members of this society also approve the principle. At present it is impossible always to secure the services of a graduate nurse, but the public should clearly understand that the sentiment among the medical profession is in favor of the graduate nurse.

The staff also recommended to the trustees that a special copyright badge be procured for our graduates. This had already been under consideration and a design has been adopted by the board of trustees. It is essentially the seal of the hospital and is intended as a slum badge. I suppose it would be a very simple matter to get a badge woven but find some difficulties and am not yet sure of what I can accomplish.

The staff of Christ's Hospital directed its secretary to suggest to the secretary of this society that the graduate nurses be invited to attend this meeting. Therefore I interpolate a few words to them.

The best of the medical profession and the best of the people appreciate the value of the trained graduate nurse. Woman is naturally the nurse of the human family and the elevated position of the trained nurse depends upon education supplementing not overturning nature. To strengthen her position and endear herself to the public the trained nurse needs to be as wise as the serpent and as harmless as the dove. Too often she demands too much from the family in the way of service and the coming of the nurse is fraught with apprehension. When nursing in the families of the wealthy where servants are abundant the nurse can demand and receive a liberal service without oppressing the family organization. But in families of limited means and perhaps no servants, the nurse should be resourceful and helpful and lead the family to look upon her as a friend and helper and not an incubus to be dreaded.

The graduate nurse not only has duties and responsibilities to graduate and non-graduate nurses, to patients and their families and the general public, but they have duties and responsibilities interwoven with those of

the physician. She should remember that she is the helper of the physician who has been selected by the patient or his family. She should always uphold the medical attendant and neither say nor do anything to impair the confidence reposed in him by the patient. A shrug of the shoulder or an elevated eyebrow may make an irremediable, unfavorable impression upon the patient or his friends.

The rule of Christ's hospital in regard to nurses and nursing is that the pupil nurses of the training school will ordinarily do the hospital nursing. If for any reason the pupil nurses are not able to do all the work required, the hospital will call to its aid first its own graduates, second the graduates of other training schools. No other so-called nurses and no ex pupils who failed to complete the course are allowed to come into the hospital to do any work. It can scarcely require any argument to show the wisdom of this rule. The allowing of irregular nurses or ex-pupils to enter the hospital to do work would be subversion of discipline. They would be neither pupils nor graduates and would have neither the *esprit du corps* of the former nor the respect for their alma mater of the latter. In short no one can be permitted to do nursing in the hospital but members of the training school and graduate nurses. These regulations are not peculiar to Christ's hospital, similar rules prevail at Stormont and indeed at all hospitals having training schools.

I am keeping a register of all the graduate nurses in the city. They report to me when they go out and come in so that I am generally able to tell who is available. I will always be glad to aid any one in obtaining the service of a graduate nurse, but ex-pupils and irregulars I do not carry on my register.

In conclusion this paper may be summarized as follows:

1. The doctor should recognize the graduate nurse as his important coadjutor, and esteem her diploma as scarcely second to his own.

2. The doctor should urge his patients to secure the services of a graduate nurse whenever practicable.

3. The doctor should most emphatically disapprove of the non-graduate claiming the title of trained nurse or wearing the uniform of any training school or an imitation thereof The old-fashioned cheap nurse is to be preferred to the pretender who charges graduate fees.

4. The hospitals with training schools cannot allow non-graduates to come in to do nursing

5. The graduate nurses should organize an Association, wear an Association badge and not affiliate with non-graduates.

6. The graduate nurses should seek to endear themselves to the public by tact, consideration and helpfulness.

The Journal

OF

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OUR JOURNAL.

Some of our exchanges have been discussing the need and the field of state society journals. We have glanced over these editorials sufficiently to note that even non-society physicians admit the need of such publications. To us, however, the need seems two-fold. First, the society journal is needed to uphold high standards of living and thinking among physicians. It can do this, because its purpose is not financial profit. It can be independent of degrading money influences either from nostrum vendors or self aggrandizing physicians. For these reasons the society journal may hold nearer the ideal than its private competitor. Secondly, the society journal is needed to present the matter of organization to the members of the profession within its district. Without aggressive effort successful organization is impossible, and one of the most potent factors in any campaign is printer's ink. Therefore the society journal is needed to keep before physicians their mutual obligations and common dangers.

That the first need is real is to be seen whenever one looks over the mass of "literature" that comes to the physician's desk under the guise of medical journals. Probably the greatest evil is that of

running as original, articles in fulsome praise of some secret and proprietary concoction. Next in order is the advocacy of ignoble standards wherein money making is made paramount, and self-aggrandizement is praised. The prevalence of these evils makes necessary a journal as independent of foreign influence as the society journal is.

The field of the society journal is apparent from the foregoing discussion of the need. Our journal, as a type of the society journal, should publish only the best quality of matter; that is, the best that the physicians of the state can produce. This should include the results of study and research, as well as those of personal experience and observation. It should be the medium of exchange for ideas both on the practice and science of medicine and also the economics of the physician's life. This means that the individual practitioners should discuss freely in its columns their troubles as well as their successes. Dr. N. Hayes has touched on this point in a recent letter to the editor and we hope that the rest of our colleagues will feel free to use our columns to help out in their needs. Further than this, the journal should be sent as often as possible to non-affiliated physicians, as a frequent reminder of their duty to the profession. It is only by constant urging that some men will fall into line and help their fellows. This urging cannot well be done by their competitors and hence can only be done through the medium of some such agency as the journal.

To carry out the above work will necessitate that we expend fully the one dollar per member appropriated by our constitution. Of course if ours were the only journal in the state it would be more nearly self-supporting, and we were very much pleased the other day to receive a letter from Dr. Purves of the *Wichita Journal* advocating the consolidation of three Kansas medical journals. The consolidation could occur only by making the resulting journal absolutely the property of our society and free from all outside influence. But until such consolidation is effected we must expect to pay for our journal just what we want it to be. Your editor has spent much time and thought and work (without salary) in looking up acceptable advertisers, but he feels that to deal successfully with advertisers he must be independent of them. Therefore he will go forward on the assumption that what is wanted is a good journal, rather than a cheap journal. The growing number of letters from his colleagues has strengthened his hands and he now feels that if he can only keep the JOURNAL growing until the majority of his fellow members awake to the fact that they have a local journal devoted to their in-

terests, their appreciation of his hard work will be his reward.

Meanwhile what are YOU doing to make the JOURNAL a success?

ABORTIONS.

We are not about to discuss the question as to when abortion is justifiable. On the contrary, we would like to set every reader of the JOURNAL to thinking over the disgrace to the profession in Kansas that it has no means of ridding itself of the presence of those who live from the proceeds of clearly unjustifiable conduct. We cannot hope of course to wipe abortionists out of existence, but we have a right to hope that the name of physician and abortionst shall become less synonomous. In our county we are informed by the prosecuting attorney that it is useless to try to convict an abortionist—unless he should be willing to plead guilty. This is the fault of the pecularly framed Kansas statute. In Frankfort, a physician secured an *ante mortem* statement made in the presence of witnesses, together with evidence as to money paid, and yet the county attorney said it was useless to prosecute. Thus a single unworthy physician may make the medical profession of very unsavory odor, and his colleagues remain unable to defend themselves from the imputation.

The remedy lies with our State Society. If our society acts and acts vigorously, the statute may be changed. The change we would propose is simply to establish a procedure by which the nature of the crime is taken into account and adequate provision made for proving guilt. In Canada, with its very strict divorce laws, divorce is almost unknown; in the United States, the laxity of divorce laws breeds divorce. So with abortions. Were the punishment swift and sure, there would be very little of abortion.

Our Society can legislate at least for itself, and by organizing carefully in every county, we can rule out of our society and from good repute (if not from the practice of medicine) every "doctor" whose greed exceeds his moral development.

Organize! Get together!

CASE OF INTUSSUSCEPTION.

R. S. MAGEE, M. D.,

Professor of Pathology, Kansas Medical College, Topeka, Kans.

Occurs comparatively frequently. Thirty-four per cent of the cases are in children under the age of one year. It is a condition in which one part of the bowel slips into an adjoining part as one may invert the finger of a glove, The upper part of the intestine is usually pushed into the lower, induplicated in the direction of peristalsis. Invignation is most common in the small intestine, ileo-cecal region. In the mass three layers of the bowels are recognizable: an outermost or receiving layer, an innermost or entering layer, and a middle or returning layer. The attachment of the mesentery produces a sharp angulation of the area of invagination, and the extent to which the protrusion occurs, will depend upon the length of the mesentery. Irregular peristalsis is probably the most frequent cause, or when a portion of the bowel is paretic and strong peristalsis occurs in the upper section, the latter is pushed by its own motion into the lower. In children after diarrheal diseases, invagination may occur just before death, unattended with any inflammatory reaction. These are agonal or are formed immediately after death. Recovery may take place by the adhesion of the serous surfaces, with passage of the dead section per anum.

The above is a photograph of one of the three invaginated portions of the same small intestine given to me by Dr. L. M. Powell, from whom I obtained the following history : A white baby, born in April, 1903, full term, primipara. Child well developed, normal delivery, confinement in hospital. Cried constantly from birth, no spasms, no vomiting. Did not show any disposition to nurse, had to be fed with a spoon, no temperature, bowels moved (meconium) the first day. Abdomen showed very slight distension. Died on fourth day. Dr. Powell, assisted by Dr. H. B. Hodgeboom, made a post

mortem examination, found three invaginations in the lower portion of small intestine. No other abnormality was found.

November 2, 1903.

UNIONISM VS. ORGANIZATION.

" * * * * I received the November JOURNAL and took much interest in the article on Organization vs. Unionism. The matter has been discussed by the doctors of Ottawa, but they did not arrive at any definite fee bill, although they have an understanding as to prices. We all have decided to charge no less than one dollar a mile for drives into the country, and in consultations no less than ten dollars. We realize the need of a change in prices since what we buy has advanced very much in price,—and yet we are expected to continue writing prescriptions for fifty cents and to drive into the country for fifty cents a mile. A change must be made by the doctors of the state in their fees.

Yours truly,

[We are glad to learn that Ottawa has taken notice of the signs of the times. What are the other cities doing?]

ECHINACEA.

L. E. SAYRE.

Dean of the School of Pharmacy, University of Kansas.

Some fifteen years ago, my attention was called to the alleged virtue of a medicinal root growing in different parts of the state of Kansas. Specimens of the said root were sent to me from different parts of the state for identification but not having overground portions of the plant, accompanying the root, the identification was impossible. This identification, however, was made possible a little later by a persistent effort to secure overground stem, leaf and flower. Now the plant proved to be Echinacea angustifolia. It was

somewhat a surprise to find that there were collectors in different parts of the state for this root and from one house in the East we were asked to assist them in a collection of 125 pounds. It was in 1889 that we had students of the University, during the summer, collecting from the fields in Douglas County as much as could be collected and dried. These students succeeded in getting about 125 pounds of the dried root. Since this time there has been a growing demand, but as the plant grows so sparingly owing to the cultivation of the the farm lands in Douglas County, we have never been able to interest collectors of the plant since that time in this section. The market supply for the root has been driven westward and collectors from different manufacturing houses have been on the ground to supply their needs.

Echinacea angustifolia is quite a common weed, belonging to the composite family. It sends up a simple slender stem which is bristly, hairy. The leaves are lanceolate, somewhat linear, entire and three-nerved. The flower head is readily recognizable as a member of the sunflower family, the central disk of the flower being a rose color or red and on drying becoming black, which accounts for the vulgar name of the plant, "Niggerhead." The more common name of the flower is "Cone flower" or "Black Susans."

Professor J. U. Lloyd has taken a great interest in the plant, has contributed a great deal of literature upon the subject and has placed in the market some medicinal preparations which are especially popular with the eclectic practitioners for phagaedenic ulcerations, boils, various forms of septicemia, etc.

In the laboratory of the University we have examined this plant and its root and find the active constituent to reside in an oleoresinous constituent. This oleoresinous principle has great pungency and acridity. A solution of the medicinal constituent of the plant in carbon disulphide seems to deposit a mixture of various proximate principles in combination with a fatty substance in a crystaline form. When these crystals have separated from the solution and the solution still further evaporated, the pungent oleoresinous matter is left behind.

Quite recently we were visited by an agent from a house in Cleveland that is engaged in manufacture of a preparation containing this root together with viola tricolor and iris versicolor, the preparation being employed in the treatment of various forms of eczema. The medicinal liquid they produce is not applied locally, but used in doses of from $\frac{1}{2}$ to 2 teaspoonfuls for adults. It is interesting to note that the demand for this preparation is such that the

manufacturers were on the ground here in Kansas for the purpose of arranging for a collection of the root. The amount this manufacturing house demanded—namely, 40,000 pounds seemed to us to be rather overtaxing the state of Kansas. We have therefore written the department of Plant Industry at Washington, (to the section of drugs and medicinal plants, conducted by Rodney H. True) asking that something might be done for the prevention of the extermination of the plant and asking that they should institute experiments for its cultivation. A reply from Mr. True states that he quite agrees with me that the plant should be cultivated immediately, and hopes to obtain some of the seed and will try to secure some of the plants and place in the ground during the next vegatative season.

REGISTRATION EXAMINATION.

(From the Journal of the American Medical Association.)

Dr. O. F. Lewis, Hepler, reports the written examination conducted by the Kansas State Board of Examination and Registration at Topeka, Oct. 13 to 15, 1903; the subjects examined in were 9; questions, 90; percentage, 75; candidates, 32; passed, 28; failed, 4.

PASSED.

Candidate.	Schl. of Pract.		Year Grad.	Per Cent.
260	R.	University Medical College, Kansas City	1899	84
261	R.	University of Iowa	1903	87
262	R.	Northwestern University, Chicago	1903	83
278	R.	Northwestern University, Chicago	1901	85
275	R.	Northwestern University, Chicago	1903	87
263	R.	Kentucky University, Louisville	1903	80
264	R.	Marion-Sims-Beaumont M. C., St. Louis	1902	85
280	R.	Marion-Sims-Beaumont M. C., St. Louis	1899	82
265	R.	"Medical College of Chicago" (?)	1903	85
266	H.	Hahnemann Med. College, Kansas City	1901	82
267	R.	University of Nebraska, Omaha	1803	87
268	R.	University of Medicine, Kansas City	1884	76
269	R.	McGill University, Montreal	1899	77
270	R.	Keokuk Medical College, Iowa	1903	85
271	R.	College of Phys. and Surgeons, Chicago	1895	82
272	R.	University of Tennessee, Nashville	1892	87
273	R.	Jefferson Medical College, Philadelphia	1903	83
274	R.	Bellevue Hospital Med. Coll., New York	1880	83

Candidate.	Sch'l. of Pract.		Year Grad.	Per Cent.
276	R.	Baltimore Medical College	1903	83
277	H.	Hering Medical College, Chicago	1900	83
281	H.	Hering Medical College, Chicago	1903	85
279	R.	Chattanooga Medical College, Tennessee	1902	75
282	R.	College of Phys. and Surgs., St. Louis	1892	77
283	R.	Hospital College of Medicine, Louisville	1903	84
284	R.	Rush Medical College, Chicago	1903	81
285	R.	Yale University	1876	75
286	R.	College of Phys. and Surgs., Kansas City	1903	81
287	R.	Illinois Medical College, Chicago	1903	81
		FAILED.		
288	E.	University of Nebraska, Omaha	1903	62
289	R.	Ensworth Med. College, St. Joseph, Mo.	1898	67
290	R.	Keokuk Medical College, Iowa	1902	71
291	H.	Hahnemann Medical College, Chicago	1889	41

The questions asked were as follows:

ANATOMY.

1. Give origin and insertion of the pectoralis major muscle. 2. Name all the muscles attached to the scapulæ. 3. What structures are severed in amputation of the thigh at the middle third? 4. Give origin and distribution of the pneumogastric nerve. 5. Give the coverings of an oblique inguinal hernia. 6. Give origin and insertion of the deltoid muscle. 7. Give the anatomy of the heart. 8. Give the number and names of the carpal and tarsal bones, respectively. 9. Give origin and distribution of the phrenic nerve. 10. Describe the structures within the eyeball.

CHEMISTRY.

1. What are molecules? 2. Is chlorin combustible or a supporter of combustion, and what occurs when a burning candle is immersed in chlorin? 3. What is nitrogen monoxid? 4. What is the chemical antidote for arsenical poisoning? 5. What is carbon dioxid, and what else is it called? 6. Where and how does sodium occur? 7. Does uric acid occur free in the urine normally. 8. What is the clinical significance of the presence of free uric acid in the urine? 9. Why do urates form deposits in joints and cartilages? 10. What is the reaction of blood during gout?

OBSTETRICS AND GYNECOLOGY.

1. What are the indications for the use of forceps? 2. Conditions requisite for the application of the forceps. 3. Under what conditions would you induce premature labor? 4. What is version? How many kinds are there? Name them. 5. How would you perform each kind of version? 6. How would you treat tumors of the mammary glands in a general way? 7. Give diagnosis, prognosis and

treatment of fibroids of the uterus. 8. Give the use of the curette. 9. Give the use of the tampon. 10. How would you treat a case of puerperal eclampsia?

PATHOLOGY.

1. Define gangrene. 2. What is a sarcomatous tumor? Give its pathology. 3. Define chronic gastritis and give its pathology. 4. Give symptoms, etiology, pathology, diagnosis and prognosis of herpes zoster. 5. Give symptoms, etiology and prognosis of erysipelas. 6. Give etiology; symptoms, diagnosis and prognosis of neuritis (multiple). 7. Define lithemia. 8. Define purpura hemorrhagica. 9. Give differential diagnosis of septicemia and pyemia. 10. Describe the pathology of rhachitis.

BACTERIOLOGY.

1. Define bacteria. 2. Name one cause of many fermentations. 3. Define germicides. 4. Name four germicides. 5. What does the presence of tubercle bacilli signify? 6. The presence of the Klebs-Loeffler bacilli in an exudate is positive evidence of what disease? 7. What are spores? 8. Name principal cause of poisoning from canned meats, milk and cheese. 9. In what disease do you find the streptococci? 10. Name the bacillus of diphtheria.

PHYSIOLOGY.

1. Give the history of the corpuscles. 2. Give the composition of the blood. 3. Give the phenomena of a simple muscular contraction. 4. Write a page on reflex action. 5. Give the main general facts of the circulation. 6. Describe the mechasism of the valves of the heart. 7. Describe the movements of the esophagus and stomach. 8. What change does the food undergo in the alimentary canal? 9. Give the source and distribution of heat in the body. 10. Write a page on the influence of the nervous system on nutrition.

SURGERY.

1. Give the etiology, diagnosis and treatment in traumatic gangrene. 2. What circumstances would lead you to expect erysipelas to become a factor in your surgical cases? What measure would you use to avoid it? and, if occurring, how would you combat it? 3. What symptoms would lead you to guard against tetanus, and how would you treat the case? 4. What would be your treatment in a severe case of chilblains? 5. Differentiate chancre from chancroid. 6. Describe the operation of hare-lip. 7. A boy, aged 8, fell on to his elbow and injured it severely and has no use of the joint. What is the most probable pathologic condition, and how will you treat it? 8. Describe an amputation of the third finger at the metacarpo-phalangeal articulation. 9. What is whitlow, and how should it be treated? 10. Differentiate between talipes equinus and talipes valgus and give surgical treatment.

MATERIA MEDICA—REGULAR.

1. What are the regular preparations and doses of hydrastis? 2. What medicines are incompatible with the iron preparations? 3. What is the source from which phosphorus is obtained? 4. What is hyoscyamus? 5. What precautions should be observed in administering ether? 6. What are the physiologic effects of valerian? 7. What are the medicinal uses of veratrum viride? 8. What are anthelmintics? 9. What is ammonium chlorid? 10. Name the sedative expectorants.

THEORY AND PRACTICE—REGULAR.

1. Diphtheria: diagnosis, prognosis and treatment. 2. Purpura: diagnosis and treatment. 3. Give diagnosis, prognosis and treatment of acute bronchial catarrh. 4. Write a page on the sounds of the heart. 5. Tell what abnormal sounds of the heart indicate. 6. Give diagnosis and treatment of acute peritonitis. 7. Name the chronic diseases of the liver. 8. Give the different steps in the examination of urine. 9. Write a page on epilepsy. 10. Chorea: diagnosis and treatment.

THEORY AND PRACTICE—HOMEOPATHIC.

1. Describe a typical case of tabes dorsalls and name best treatment. 2. Name five leading remedies for pneumonia and give indications calling for each. 3. Give technical name, course and treatment of a typical case of spotted fever. 4. Differentiate between acute bronchitis and whooping cough in its early stages. 5. Locate and describe a typical case of appendicitis, naming best treatment. 6. Give diagnosis and treatment of Bright's disease; and give technical name. 7. Differentiate between pleurisy and pleurodynica. 8. Describe a typical case of cholelithiasis, giving treatment. 9. Give diagnosis, prognosis and treatment of glycosuria. 10. Give the fundamental principles of the homeopathic practice, including scientific reason for giving infinitesmal doses.

MATERIA MEDICA—ECLECTIC.

1. Define the terms tonics, alteratives, sedatives and diaphoretics. Name five remedies in each class. 2. Define the terms anti-spasmodics, anthelmintics, diuretics, cholagogues, oxytoxics, and name five in each cass. What is the composition of stillingia liniment? (Scudder.) 4. Make a belladonna plaster. State where plant grows, when gathered, part used, how manipulated till in the plaster ready for use. 5. What drug plants are indigenous to the state of Kansas? 6. What is the composition and therapeutic property of King's diaphoretic powder, syrup mitchella compound, libradol, anti-bilious physic, and Mayer's ointment? 7. State the indications for the administering of bryonia, rhus tox, macrotys, apis, viburnum, aconite, ipecac, echafolta, cactus, drosera, collinsonia, apocynum, nux vomica, podophyllum, hydrastis, sanguinaria, subnitrate of bismuth, sodium

sulphite, muriatic acid and nitric acid. 8. What is the origin and therapeutic property of carbolic acid? 9. Name the different finished products of Peruvian bark; also of the Chinese poppy. 10. Name six common poisons and give their antidotes.

SUICIDE STATISICS.

Professor W. B. Bailey, of Yale has just published an interesting collection of statistics upon suicide. He finds that married men are more prone than married women to take their lives. On the other hand, the figures show that more single, widowed and divorced women commit suicide than men in like conjugal conditions. The period covered by Professor Bailey's investigation is from 1897 to 1901. He has found 29,344 cases. In order to take a more convenient unit, 10,000 cases were taken by Professor Bailey for computation in his statistics. Of these 7,781 were found to be males, 2,219 females, indicating that in general the ratio of suicides of males to those of females is 3½ to 1. The tables show that the most popular suicide period is between 30 and 40 years, followed closely by the period between 20 and 30 years. Nearly two-thirds of the suicides are found between the periods of 20 to 50 years. This table shows the relative proportion of suicides among married and unmarried persons:

	Total.	Males.	Females.
Singles	4,054	3,129	926
Married	4,807	3,817	990
Widowed	679	496	183
Divorced	198	137	52
Unknown	262	202	68
Total	10,000	7,781	2,219

Shooting is found to be the favorite method of suicide, followed closely by poison. The table summarizing the causes follows:

	Total.	Males.	Females.
Drowning	800	490	310
Shooting	3,247	2,980	267
Poison	2,750	1,831	919
Cutting	810	695	115
Gas	666	466	200
Jumping	473	350	123

	Total.	Males.	Females.
Hanging - - - - - -	952	750	202
Miscellaneous - - - -	302	219	83
Total - - - - - -	10,000	7,781	2,219

Despondency is the leading motive, claiming about 20 per cent of the victims. Business loss, ill health and insanity follow in order with about 13 per cent each, disappointment in love coming next. Suicide on account of alcoholism is 17 times as common among the males as the females, while from business loss the number is 13 to 1. Between the ages of 20 and 30 is reached the maximum of suicides from grief, chagrin and being crossed in love. Monday is the favorite day for committing suicide, followed closely by Sunday. From Monday down to Friday there is an inexplicable increase, and then a drop on Saturday, the lowest of the week. Professor Bailey says: "For those who have endured throughout the week there is pay day at hand, followed by a day of rest. Among the males Monday is pre-eminently a day for suicide. Females prefer Sunday to Monday. Religious excitement may have something to do with this, but nearly a third of the domestic troubles leading to suicides comes on Sunday. More than one-fourth of the suicides from financial trouble and ill health among females occurs on Monday. They apparently lack the courage in their weak, impoverished condition to take up the struggle of a new week. Of 10,000 cases, 3,687 occurred in the 12 hours before noon and 5,848 during the remaining 12 hours. Beginning with midnight there is a continuous increase until 6 p. m. The three hours from 6 to 9 p. m. show a falling off, while from 9 o'clock till midnight is the period of greatest frequency."—*Philadelphia Medical Journal, June 6, '03.*

Typhoid fever prevails in Kansas City, says the *Journal of the A. M. A.*

Dr. Robert E. Gray of Garden City has been denied a rehearing by the Board of Registration.

Dr. Claude Mayfield has been appointed health officer of Reno county, vice Dr. G. R. Gage, resigned.

Dr. Geo. M. Minney of Wichita has been appointed captain and assistant surgeon, K. N. G., and assigned to Battery B.

Light on the history of medicine—"Aristotle discovered the circulatory system and was the physician to Napoleon."

—Answer in a Quiz at K. U.

WHAT WOULD YOU DO WITH A LETTER LIKE THIS?

NOVEMBER 10, 1903.

The Journal of the Kansas Medical Society,
Lawrence, Kansas.

George Howard Hoxie, M. D.

DEAR SIR:—Your letter and magazine of the 4th inst. at hand. After carefully considering your proposition I have this offer to make. We will take four (4) full page ads, at your yearly rate of $45.00 providing you will give us the outside of the back cover and give us a write-up in each issue in which our ad appears. You can either write these articles yourself or we will supply you wth copy. Certainly you realize that your circulation being so small as cannot afford to put much money in such a proposition, but are perfectly willing to give it a fair trial and should it meet with success we will be only too glad to continue our advertising indefinitely.

Awaiting your reply, we are,

Yours truly,

DOUGLAS COUNTY MEDICAL SOCIETY.

SEPT. 1, 1903.—Regular meeting in G. W. Jones' office. Those present were Drs. G. W. Jones, Naismith, Hoxie, Outland, Harvey, Smith, Hamman and Clark.

The secretary read the minutes of the last meeting, which were approved, and then read a letter from the treasurer of the State Society giving in detail the financial standing of each member in this county. It was voted that the secretary make a final appeal to members in arrears and be prepared at the next meeting to report in order that the list of membership be revised. A letter was also read from Dr. Roby, late secretary of the Board of Medical Registration and Examination relative to the disposition of irregular practitioners.

It was voted that in case the State Society would not furnish application blanks, that the local secretary be authorized to have some printed. Included in this was the proviso that the blanks ful-

fill the requirements of the State Society as well as those called for by our own by-laws.

It was also voted that in any case the agreement not to practice sectarian medicine be printed—either on the new or old forms or else on a separate sheet.

Voted that the committee on program draw up and have printed a schedule of the meetings for the winter, giving dates of meetings, titles of papers and names of readers, and that the secretary have postal cards printed for notices of meetings.

Dr. Chas. J. Simmons and Dr. Edmund R. Keith were proposed for membership and under the rules were laid over to the next regular meeting.

Dr. J. H. Outland then talked to the society about FOOT-BALL INJURIES.

The most frequent injury, he said, is sprained ankle; next, partial dislocation of the knee. The first time a player sprains his ankle he is apt to be laid out of the game for two or three weeks—subsequent sprains, just as severe apparently, get well in two days. Best treatment is by strapping, covered with a rubber bondage.

Partial dislocation of the knee usually leaves a weakened joint. Dr. Outland had never seen one where the knee was left weak, and liable to slip out at any time and drop the owner to the ground. The usual advise to such patients is to quit the game for the season, but they never follow it. Treated by strapping and covered with a cloth roller, not a rubber bandage. The strapping must not cover the popliteal space and the leg be shaved in preparation for it.

Another common complaint is "shin-soreness," due probably to a sub-periosteal inflammation. The patient cannot stand on his toes on account of the pain and has to run flat-footed, like a duck. It usually takes a man out of the game for a week and then is well.

Brokeu noses and clavicles are common and dislocated shoulders are occasionally seen, but the shoulders usually escape on account of being well protected by pads in the uniform. These injuries are nearly all received in tackling. Broken noses usually are treated on the field and the recipients go on with the game. The result is almost always good. Doctor Outland has had his own nose broken three times and shows a perfectly straight nose in spite of it. Foot-ball players get well quicker than others, repair being more rapid on account of their perfect physical condition, and this is particularly seen in case of broken bones, which unite rapidly.

The general wear and tear of the game, aside from injury, is considerable and the loss in weight in Dr. Outland's own case has

been seven pounds in two 35 minute halves. This is partly due to loss of water by perspiration and it takes two or three days to regain the weight one had before the game.

A soreness and stiffness of the muscles of the thigh is common. It is quite severe for the time being, but soon gets well. The Pennsylvania men call the condition "Charley Horse" Harvard men call it by a still less elegant name which will be omitted here.

Dr. Outland had never seen a hernia caused on the foot ball field and he knows of men with hernia retained by trusses who have played hard foot ball without trouble resulting.

Eye injuries are not common and Dr. Woodruff's story about having his eye knocked out of the socket so that it laid on his cheek and its replacement with no loss of function, was off the same piece of goods as some of his other stories.

A peculiar result of blows on the ears is a plastic infiltration which permanently thickens and distorts the auricle.

Flat foot occasionally results from breaking down the arch of the instep.

A common result of heavy falls and blows on the head is called "knocked daffy." In this condition the player goes on with the game, but with his memory entirely gone. This may last for some hours, but it is not serious and recovery is complete.

In spite of the dangers of accidents, Dr. Outland considered the benefits derived offset them entirely. A foot ball player gains in strength and endurance, in quickness of body and intellect, in moral and physical courage, and is better fitted for his life work.

Adjourned.

ARTHUR W. CLARK,
Secretary

CHANCRES AND CHANCROIDS.

DR. HUGH WILKINSON, KANSAS CITY, KANSAS.

A *chancre* is that modification of sound or of the pathologically altered skin or mucous membrane, preceded by a period of incubation, characterized by sclerosis, and accompanied by a denopathy, which constitutes the initial lesion of inevitable syphilis.

A *chancroid* is a virulent, local, contagious ulcer, usually, but not alway, of the genitals, with an incubation period of less than one week. It is also known as "simple," "soft" or "non-infecting chancre" or in French as "chancrelle." It has no relation to syphilis nor to the neoplasmata with which it is classified.

Now let us digest these definitions and study them a little more fully, and see what distinctions there are between these two very distinct affections. I have gathered the definitions from "Hyde's Text Book," with a few changes. There is such confusion prevalent about the two with some doctors that I am sure a short paper won't be amiss.

In olden times it was thought that both these affections were due to one cause, syphilis. We now know positively that they are as distinct in etiology as are typhoid fever and smallpox.

A chancre, as the definition says, is a lesion occurring in sound skin or mucous membrane, or it may be engrafted on a pathologically altered tissue, as in cracks or abrasions or often on the other lesion which I am describing—chancroid. A chancre is always preceded by a definite, comparatively so at least, period of incubation. On an average it is about three weeks but it may be as short as ten days, or as long, or even longer than two months. The extremes are uncommon but we must remember them in making a diagnosis or a prognosis and so avoid a serious mistake some time.

Briefly described, a chancre is a sclerosis of the tissues in a characteristic manner, usually about some previous abrasion. There are all sorts of variations in size, shape and manifestations of symptoms but the characteristic point is the sclerosis and its peculiarity of being deposited in a thin sheet, seemingly just beneath the surface, so that we can pick it up between the fingers as we could a piece of thin, stiff paper. It has been described as the "parchment induration" of the initial lesion because of its resemblance to a piece parchment placed beneath the skin.

A chancre is always followed by a peculiar enlargement of the regional lymph nodes. They are moderately and uniformly enlarged as a rule and are hard and nodular and distinct from each other. They are only moderately tender as a rule, but may show no tenderness at all. They seldom suppurate.

The last point mentioned in the definition says that "chancre constitutes the initial lesion of inevitable syphilis." This is of vital importance and distinguishes it absolutely from chancroid and all other diseases. It means that a chancre is inevitably followed by

syphilis, mild, moderate or severe. We can reverse this and say that syphilis is invariably preceded by a chancre, though we may not be able to find it in every case.

To add a little, we can say that chancres are usually found about the genitals and are usually acquired during sexual intercourse, but may be found in any part of the body. Other common points are on the lips, tongue, and nipples and about the fingers. Chancres are not very painful as a rule, unless in some particularly sensitive region, and changed by secondary infection.

The main points regarding a chancre then, are: its period of incubation; its peculiar sclerosis; its peculiar regional glandular involvement; the history of contact with a syphilitic individual; and the later developements of constitutional syphilis.

Now let us take up in the same manner the question of chancroids and note later the differences between the two affections.

In the first place the definition says that it is a virulent ulcer. It is truly virulent and very much so, as it will start a new lesion on the same or other persons wherever its virus is implanted.

The definition says that it is local; that is, it is local as is a boil or a wound and is not followed by constitutional symptoms different from those we see in any simple infection. It also says that the ulcer is contagious and the extreme contagiousness of chancroid is one of its characteristics, for whenever the virus can get beneath the epithelical cells, either on the same person or on another it causes a new lesion. It is auto-inoculable. Its incubation period is always less than one week.

The ulcer is much inflamed as a rule and tender and has walls which make it look as if it had been punched out. The base is red or dirty gray and secretes a pus loaded with the virulent microbes of the disease and capable of causing a new lesion wherever it gains entrance beneath the skin. Chancroids cause glandular enlargement, usually, but different from the enlargement of chancre. It is not uniform and usually unilateral and resembles any simple, acute adenitis. Suppuration is common in grandular enlargement from this disease and the glands are always painful.

Complications are common from extension of the ulceration.

Lastly, these lesion have absolutely nothing to do with syphilis other than making an ideal infection atrium for the latter disease. They are not caused by syphilitic virus; but by the bacillus of Ducre in all probability. Syphilis never follows them unless the person happens to be infected by syphilis in addition to the chancroids, just

as a tubercular person may become diseased with typhoid fever.

To sum up then, they are acute, usually multiple lesions, painful and discharging, starting as a small pustule which soon ruptures and forms an ulcer of characteristic appearance. When uncomplicated they run a comparatively definite course of from two to four weeks or less with no serious constitutional taint resulting. Their incubation period is less than a week. Syphilis has no connection with them. The adenopathy is commonly unilateral, painful and suppurates in about twenty per cent of the cases.

Now it seems to me that physicians in making their diagnosis of these conditions should use more care to distinguish the two lesions, when the results of the two are so different, and the treatment also. They should inform their patients of the difference as well. Several times of late have I seen patients who told me of the chancres they then had or had had at some previous time, where on closer questioning I was convinced that it was an eruption of simple sores or chancroids with which they had suffered.

One point will almost always distinguish the two and that is: Chancres are almost invariably single while chancroids usually develop more than one and often a dozen or more lesions.

A comparison of a few of the main points will materially assist us in the distinction of these two diseases.

CHANCRE.	CHANCROIDS.
1. Often not venereal.	1. Almost always venereal.
2. Incubation from two weeks to a month usually.	2. Incubation less than one week.
3. First appears as a papule or slightly thickened erosion.	3. Appears first as a pustule or ulcer.
4. Almost always solitary in number.	4. Rarely solitary, generally multiple and developing successively.
5. Not uncommon on extra genital region.	5. Almost always genital or thereabouts.
6. Induration almost constant and the feel is firm, elastic and well defined.	6. Induration rare and when present is a simple inflammatory thickening, compressible, inelastic and ill-defined.
7. Surface is sometimes dry and scaling, but more often moist, smooth, red or grayish.	7. Surface always moist or incrusted with a grayish uneven, pultaceous surface.
8. Are usually round or oval and regular in outline.	8. First round, later angular and irregular.
9. Ulceration is not essential, but usually superficial when present.	9. Ulceration is essential and is usually deep, with perpendicular or undermined edges.

10. Secretion scanty and serous, except when unusually irritated.	10. Secretion copious and purulent and often sanious.
11. Slightly sensitive.	11. Sensitive.
12. Inoculable upon a nonsyphilitic person, but not upon a syphilitic. Rarely auto inoculable.	12. Always inoculable upon others, and auto-inoculable to an infinite extent.
13. Adenitis is multiple, indolent and rarely suppurating.	13. Adenitis is local commonly acute, suppurating and virulent.
14. Syphilis always follows.	14. No connection with syphlils.

So much for the main point of description and diagnosis of these two diseases, which was the main object of this paper. Now a word as to treatment.

Treatment of Chancre: The treatment of chancre should be local and supportive until there are enough additional symptoms of syphilis to clinch any diagnosis. For no matter how skillful a diagnostician the physician may be, be will be liable to a serious mistake sometimes if he trusts always to the appearance of the one lesion without confirmatory evidence. When these confirmations appear the usual anti-syphilitic treatment should be instituted at once, and thoroughly carried out.

The chancre should receive the following appropriate treatment so long as it remains to allay symptoms present and keep out secondary infection as well as for prophylaxis. It should be cleansed thoroughly with hot water and bichloride of murcury solution (1-1000) twice daily, and afterward dried and a simple dusting powder of boric acid or boracetanilid used. Iodoform or aristol are excellent, but the odor is unpleasant and embarassing to be used for a long period, as is usual in these cases. If acute inflammation is present, prolonged soaking in hot boric acid solution several times daily is the best means of allaying it, followed by the treatment just mentioned.

The treatment of complicated chancres is beyond the confines of this paper.

Treatment of Chancroids: The treatment I am using in simple cases of this disease is something like this: Soak the part in water as hot as can be borne, at least twice daily, morning and evening, for at least fifteen minutes and longer if possible. During the ablution all the folds and creases should be cleansed very thoroughly of all discharge and debris. After this the parts should be dried with cotton and painted with a 4 per cent. solution of protargal and then dusted with one of the powders mentioned in the discussion of chancres.

Thus far in my practice I have never failed with this treatment in simple cases, but I am aware that there are many cases which will require more vigorous measures, usually a cautery of some kind. The red hot iron is preferable, but nitric acid is handier to use and will seldom fail to cleanse the tissues of all chancroid microbes and leave a healthy ulcer after the slough has been cast off.

It was not the intention of the writer to take up all of the minute details of these two affections and to go into the description of all the various complications and the theories of their causation, but merely to cite the main points in the evolution of the diseases and to bring out the main points in diagnosis and treatment, more especially diagnosis.

Of course there are cases which defy the best diagnostician and only time can reveal the true nature of the malady. In all these cases, we can only tell the patient of the fact and assure him that it is proper to wait for further developments to make the diagnosis certain.

In most cases by careful consideration of the differences cited above, we can give a safe opinion as to diagnosis and prognosis.

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*INFECTIOUS DISEASES AND QUARANTINE.

BY ARTHUR W. CLARK, A. M., M D,

Health Officer, Douglas County.

(Continued from last issue.)

Since one attack of scarlet fever usually suffices to prevent a subsequent one in the same patient, the question someties arises as to the propriety of intentionally exposing children to the contagion during exceptionally mild epidemics like the present, and the attending physician is sometimes asked to advise the family on the question.

As scarlet fever is more prevalent and more dangerous in early life and becomes less frequent and less fatal as adult life is approached, there seems to be every reason why the infant and young child should be all the more guarded against exposure.

If no better reason, the physician's own personal interest ought

*Read at the meeting of the Douglas County Medical Society Feb. 3, 1903.

to induce him to take decided stand against such intentional exposure. Imagine, if you can, how one would feel and how it would injure him professionally, if he advised or allowed such an intentional and unnecessary exposure in case a fatality followed.

There is one point of the greatest importance, and it is often forgotten or carelessly neglected—namely, the care the physician should take if called to a confinement case after he has been exposed to scarlet fever. He would be wise to refuse obstetrical cases altogether at such a time, but if he *does* take the case, it ought to be only after a complete change or fumigation of clothing and a disinfectant bath. Particularly should the hands be cleansed so that by no possibility could he infect the parturient woman. There is no evading the conclusion that the scarlantinal poison readily sets up one of the most hopeless forms of puerperal sepsis that we know of, and the physician who allows himself to convey to his confiding patient the causative germ of that terrible disease is no less guilty in effect, whatever his intent, than if he had given her a poisonous dose of strychnine. Under no circumstances, if avoidance is possible, should a woman be allowed to have her confiement take place in a house which is infected by scarlet fever, and it would be wise to remove a woman, even quite late in pregnancy, from such a house. A recent fatal case is probably known to all of you, in which the woman was prematurely confined and infected, and both mother and child were lost.

Lest my mention of this case be considered a reflection in that woman's medical attendant, let me add that the warning was given and rejected and as the physician's duty in such an emergency is only advisory, there was no help for it.

Pulmonary phthisis, we now know to be an infectious rather than a hereditary disease, and such precautions ought to be taken as will, as much as possible, prevent its spread. Every physician attending cases of phthisis should impress upon his patients that if they deposit their sputum about the house and streets, they are in danger of infecting others, especially members of their own families, and that physician fails most lamentably in his duty who neglects to give the most explicit and reiterated directions about the immediate disinfection or burning of such matters.

After a death from phthisis, the medical attendant should insist on even a more complete disinfection and cleansing of the infected premises than if the case had been one of smallpox or scarlet fever—for the reason that the bacillus tuberculosis is very difficult to kill except by direct contact with germicidal fluids. The disinfection of

the premises inhabited by a consumptive is not only urgently needed after his death or removal, but also at regular intervals during the lifetime of the invalid.

The time is not far distant, and it ought to be here now, when the state will *require* the disinfection of houses that are infected by tuberculous patients; when spitting in the streets and other public places, even by those not ill, will be a legal as well as a moral misdemeanor; and when those infected by phthisis will not be allowed the liberty they now enjoy and abuse.

Twenty years ago I heard Dr. Francis Minot of Boston say: "Pneumonia is not essentially an inflammatory disease, it is a self-limited, infectious disease, just as are measles and smallpox."

At that time many able men believed differently, but now his words are universally accepted as true. The inference is simple—burn up pneumonic sputum and burn up or disinfect everything it has soiled, and fumigate the premises.

For diphtheria, the quarantine should be, and is required in this state to be six weeks from the commencement of the disease, and is not to terminate *then* unless sore throat and other signs of the disease have disappeared.

Membraneous croup is, in most, if not all cases, diphtheria. The reason why some medical medical men reject this theory is because they see no recognizable membrane. The men of larger experience, who see, perhaps, more cases in the hospitals in one year than the average country practitioner sees in a lifetime, find that an autopsy on a child dead of membranous croup usually proves it to be laryngeal diphtheria. In order to keep the Doubting Thomases in line, the Kansas law reads: "Diphtheritic croup, croupous diphtheria, membranous croup, croup other than spasmodic, putrid fever, diphtheritic sore throat, and sloughing sore throat, occuring in communities where diphtheria is prevalent, shall be included among the diseases dangerous to the public health, and subject to the same precautions as diphtheria."

Strange as it may seem, there are a few, *otherwise* sane physicians, who claim that antitoxin is useless, or even harmful. I know of one such, at least, in this city. In conversation on the subject, I drew from him the usual story of the man who has used it and failed to get results—namely, that he used it only as a *last resort*, when it was, of course, of little or no use at all.

I claim that the man who gives antitoxin in sufficient dose at the earliest possible moment after making his diagnosis and who follows it up by other doses if the first does not work, cannot fail to become

a convert to its efficacy if he has ten or a dozen cases to treat. Ignorance and prejudice laugh at scientific advances whose efficacy must needs be proven by figures, but if properly used and read, statistics are most valuable.

In Denver, Colorado, in the years 1895-6-7 and 8, occured 1177 cases of diphtheria and of these 570 were treated without antitoxin and had a mortality of 18.6 per cent as against 607 cases treated *with* antitoxin, and a mortality of 4.9 per cent.

This shows that the mortality of all kinds of cases treated by all kinds of doctors with antitoxin, is but one-fourth as great when the same kind of cases are treated without that remedy.

Stranger still than the anti-antitoxin doctor, is the anti-vaccination crank. The efficacy of vaccination and re-vaccination as a preventive of smallpox is, practically, so absolutely sure, that it makes me feel a trifle silly to mention it at all, and the man who holds out against it would be fully capable of denying any other well-known and proven fact. Vaccination and re-vaccination, properly performed, is so certain a preventive that the man who has the disease in a civilized country, ought to be fined and imprisoned—it is his own fault and there is no need of it at all.

It is not necessary to go outside of our own county for statistics on this point—of 128 cases seen by me personally, 99 had never been vaccinated, 13 had been vaccinated over ten years previously, 2 had been vaccinated over six years previously, and 14 had been recently vaccinated. Of these 14, not one could show a satisfactory "take", and some of them had no scars whatever.

For statistics on a larger scale, in 1891 the celebrated Brouardel showed that while Germany loses only 110 persons annually from smallpox, France actually suffers the loss of 14,000, and he attributed this difference solely to the rigid manner in which vaccination is enforced in Germany and to the carelessness and indifference of the French authorities in the matter, since statistics show that in 1865, when vaccination was not obligatory in Prussia, the mortality was 27 per 100,000, and that after it was required the death rate from this cause fell in 1874 to 3.6 per 100,000, and in 1886 to 0.049; the rate in France in 1891 being 43 per 100,000. In Holland from 1866 to 1872 the average yearly number of deaths from smallpox was 90 per 100,000. In the latter year a compulsory vaccination law went into effect and the death rate from smallpox immediately fell to 10 per 100,000. In the 16 succeeding years the highest annual rate was 18 and the lowest less than 1 per 100,000.

In respect to typhoid fever, there is altogether too much laxity among the profession. Most practitioners doubtless make more or less efficient attempts to have the intestinal excreta rendered sterile, but how many in the profession at large take any pains whatever to cause disinfection of the urine, sputum, nasal discharges and skin excretions? Yet all of these are believed to contain the bacillus typhosus, and by this germ *only* can the disease be reproduced anew. Typhoid fever is one of our greatest scourges and yet it is an entirely preventable disease.

This is one of the diseases required by law to be reported; it is not a quarantinable disease as yet, though it ought to be, but that does not relieve the medical attendant from the obligation to report it, and to keep it at least partially isolated for six weeks, during which time the excreta should be disinfected. When I say it is not a quarantinable disease, perhaps I am not strictly correct. What I mean is, that it is not specifically mentioned for quarantine in the state law, nor even in the rules of the board of health, but if it were thought necessary or advisable to quarantine it, this could be done under the clause—"or any contagious or infectious diseases dangerous to the public health."

In regard to reporting cases of communicable disease, I wish to impress on the local profession the necessity of not simply requesting the police to flag the house, but of reporting them to me either personally, by phone, or by post. This is absolutely necessary—the law recognizes nothing else, and it is desirable also, because when I have a record of the case, the quarantine can be made more effective and it is not so apt to run over, or under, time. It will not only save me much trouble, but it will take a large part of the burden from the doctor's shoulders if he will throw the responsibility of quarantine on me and concern himself no more about it.

Tell your patients that you have nothing to do with the quarantine except to report the case, then they will come to me to make their protests and not worry you about it. I have had members of several households say, in effect, that they "would never have Doctor ———— again because he quarantined them." Give them distinctly to understand that you are compelled by law to report communicable diseases; that you have nothing whatever to do with the maintenance and length of quarantine; and that you cannot risk the forfeiture of 25 to 100 dollars and your right to practice medicine in the state, in order to carry out their wishes.

SUPPLEMENT.

*INTRA UTERINE SMALLPOX.

DR. H. T. JONES, LAWRENCE.

Reports of Two Cases.

Osler says: "The fœtus in utero may be attacked by smallpox; but only if the mother herself is the subject of the disease. The child may be born with the rash out or with the scars. More commonly the child is not affected."

In the two cases of smallpox in pregnant women which I have attended the child was affected. In another case where a pregnant woman was protected only by vaccination, nursed her husband and her brother through confluent cases of smallpox, and was confined before desquamation was complete, neither mother nor child contracted the disease.

In the cases of intra uterine smallpox:

Case 1. Mrs. M———, white, aged 20, pregnant about 8½ months, was stricken with smallpox February 3, 1900. The primary eruption appeared February 7. While the initial fever was high, registering 104 Fahr. on February 4, and she complained of the pains being severe in the lumbar regions, there was no indication of uterine activity. The disease was of the discrete variety, and passed through the various forms to the pustular stage. On the night of February 23, while the pustular stage was at its height, she was confined and I delivered her of an eight pound girl. The child having more than fifty smallpox pustules upon its face and body. The mother nursed the child on the second day and the recovery of both was uneventful.

Case 2. Mrs. T———, white, aged 26, pregnant about 5 months, was taken with smallpox January 30, 1900. All her symptoms were complicated with uterine activity and her treatment was the usual routine for smallpox, combined with uterine sedatives, with the exception of the uterine complications the disease ran the typical course of the discrete variety and she was discharged from quarantine March 12. On the morning of March 30, I was called to attend her and delivered her of about a five months foetus with smallpox eruptions upon its head and body. This foetus I have preserved and here present for your inspection.

*Reported to the First District Society, Oct. 1, 1908.

REPUBLIC COUNTY SOCIETY.

The society will meet at Belleville on Dec. 3 with the following program:

AFTERNOON SESSION 2 P. M.

President's Address, Wm. Kamp, M. D.; Address of Welcome, W. W. Wells, Mayor of Belleville; Citizen's Address, B. T. Bullen; What Should We do with the Midwife as found in Private Practice? C. M. Arbuthnot, M. D.; Discussion. J. W. West, M. D., H. E. Bolinger, M. D., J. S. Billingsley, M. D.; Puerperal Infection, F. Wilcox, M. D.; Discussion, W. F. Sawhill, M. D., D. E. Foristall, M. D., R. A. Stewart, M. D.; Materia Medica from the Standpoint of an Homeopathist, Anna Grigsby, M. D.; Discussion, O. W. Hughes, M. D., B. F. Park, M. D., J. W. Ekblad, M. D.; The Pros and Cons of Young Physicians and How to Overcome Them, J. J. D'Noyer, M. D.; Discussion, Wm. Kamp, M. D., C. F. Leslie, M. D., J. R. Purdum, M. D; Vernix Caseosa, M. W. Spohn, M. D.; Discussion, J. W. Johnston, M. D. C. M., J. S. Billingsley, M. D., W. B. Hardy, M. D.

EVENING SESSION 8 P. M.

Regular Business; American Medicine from Columbus to Today, W. G. Haning, M. D.; Discussion, B. W. Slagle, M. D., F. C. Hall, M. D., M. W. Spohn, M. D.; The Doctor and the People, O. W. Hughes, M. D.; Discussion, J. W. Ekblad, M. D., F. Wilcox, M. D., J. A. Corn, M. D.; Why Did You Study Medicine and Would You do so Again? J. H. Houck, M. D.; Discussion, F. C. Long, M. D., J. W. Johnston, M. D. C. M., S. A. Snyder, M. D.; The X-Ray as an Agent in Therapeutics, J. W. Ekblad, M. D.; Discussion, H. M. Morrison, M. D., J. W. West, M. D.; J. S. Billingsley, M. D.; Our Quarantine Regulations as Relating to Foreign Countries, J. S. Billingsley, M. D.; Discussion, W. G. Haning, M. D., W. F. Sawhill, M. D., M. H. Horn, M. D.; Treatment of Hemorrhoids in Private Practice, J. H. Stretton, M. D.; Discussion, J. D. Johnson, M. D., W. G. Haning, M. D., C. M. Arbuthnot, M. D.; Banquet.

The spirit of the occasion is shown by note on the program folder: "Come, bring your wives, get acquainted and have a good time."

Dr. L. S. Chamberlain, of the class of 1902, has been elected professor of gynecology in the Kansas Medical College.

THE SECOND DISTRICT SOCIETY.

The following is a communication from Dr. J. W. Porter of Pittsburg, relative to the change in the Southeast Medical Society. Dr. Porter's letter will be of interest as he is an ex-president of both the Kansas State and Southeast Kansas Medical Societies.

CHAS. S. HUFFMAN,
Recording Secretary, Kansas Medical Society.

PITTSBURG, KAS., Nov. 9, 1903.

Editor Journal Kansas Medical Society, Lawrence, Kansas.

My Dear Doctor:—I have read your editorial in the November number of the Journal entitled "The Point of View" as well as the report of "The Southeastern Society" with "Protest by Dr. Liggitt." I wish to state that I fully endorse your editorial. I also wish to give a little history of the Southeast Kansas Medical Society which may be new to Dr. Liggitt." When I speak of the Southeast Society, I refer to the Society of which Dr. Liggitt is the faithful and honored secretary, and not to a society that had existed previously but had suspended years before. As an explanation, I will recall the fact that for some time prior to 1891 the membership of the State Society was delegate, or supposed to be; though as a matter of fact this was not carried out. At the 1891 meeting of the State Society, which was held at Wichita, Topeka was selected as the next meeting place against Fort Scott. This action not suiting me, I began lobbying for a reconsideration, and in order to succeed I pledged the organization of a Southeast Kansas Medical Society, with the promise that we would meet at Fort Scott coincident with the State Society. I will only add that the meeting place was reconsidered and my pledges faithfully carried out.

Shortly after my return from Wichita, I drew up a call, copies of which were submitted to well know physicians in the different cities of Southeast Kansas, for their signature. This call was signed by Dr. G. W. Williams of Pittsburg, Dr. A. C. Graves of Cherokee, the late Dr. Dickman of Fort Scott, the late Dr. Schreiner of Galena, Dr. Draper of Oswego, the elder Dr. Tinder of Parsons, Dr. W. L. Barker of Chanute, two others, whose names I cannot recall, and myself; ten in all. The most important part, however, is the call itself, and I reproduce this from memory, but it is substantially correct. The part of it which is of interest in this controversy is absolutely so.

"LITCHFIELD, KAS., June —, 1901.

Dear Doctor:—You are earnestly requested to meet with the physicians of Southeast Kansas, at 2 o'clock p. m. on ———, June 30th, at Pittsburg, Kansas, for the purpose of organizing a Southeast Kansas Medical Society. The State Society has honored southeast Kansas by naming Fort Scott as its next meeting place. In order

to become a member of the State Society, we must first be a member of a local society. Let us organize and greet the State Society with a large addition to her membership."

This call was printed with the names of ten physicians appended, and sent out. The Southeast Kansas Society was organized under this call and not one of its statements or objects were questioned. So you see we are not simply auxiliary to the State Society in name, but in fact. While the State Society has changed, we of the Southeast has remained true to our "plighted faith," as I have before me a copy of the original constitution in which Article "It shall be auxiliary to the American Medical Society and State Medical Society" exactly as it is in the amended constitution. This article coupled with the original call, should make our position clear. We were already "in line" anticipating the State and American Societies by eleven years.

Sincerely,

J. W. PORTER.

THIRD DISTRICT SOCIETY.

Below is a copy of the circular being sent out by the energetic officers of the Third District Society:

GLEN ELDER, KAS., Nov. 2, 1903.

Dear Doctor:—The second annual meeting of the Third District Branch of the Kansas Medical Society will be held in Clay Center, Kansas, Thursday, February 4, 1904, afternoon and evening. The Third District includes the fourteen following counties: Clay, Cloud, Dickinson, Ellsworth, Jewell, Lincoln, Mitchell, Osborne, Ottawa, Republic, Russell, Saline, Smith and Washington. Physicians residing in above counties are eligible to membership. If you are a member of the State Society or of a County Auxiliary you are a member of the Third District Branch. If you unite with the Third District, you are then a member of the State Society and also of your County Society. You are urged to attend the Clay Center meeting. It is a duty you owe the profession, yourself and your patients. If you cannot attend, send in your application for membership. You are invited to write a paper for this meeting. Send title to Dr. M. R. Spessard, Glen Elder, Kansas, by December 15, 1903.

Fraternally yours,

M. R. SPESSARD, M. D., Secy.

W. F. SAWHILL, M. D., Pres., Glen Elder, Kansas.
Concordia, Kansas.

[When we asked Dr. Sawhill for a list of the physicians of his county he forwarded the list of all the regular physicians and wrote after the names "All members of the County Society." Can any other county do as well?]

The faculty of the Kansas Medical College will entertain its alumni at a mid winter reunion during the week of December 28-31. Drs. Bowen, Adams, Magee, and McClintock are in charge.

OG

The Journal

OF

The Kansas Medical Society.

FOR JUNE, 1903.

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Miss X. Y., aged twenty, a healthy and nourished young woman, met with a painful accident which almost cost her her life While carrying a lighted lamp it slipped from her hand and exploded between her feet. The hot air or violence, I know not what, carried her outer garments above her head so that the underclothes were ignited. She sustained serious, it was thought fatal, burns from the ankle to the abdomen and lesser burns on the trunk to the breasts.

I saw her nine days after the accident. There had been three physicians in attendance. The patient was sinking and had been since the accident. The prognosis seemed to be death in twenty-four to thirty-six hours. She had not slept to speak of and was thoroughly exhausted. Large sloughs were separating from the calves and back part of the thighs.

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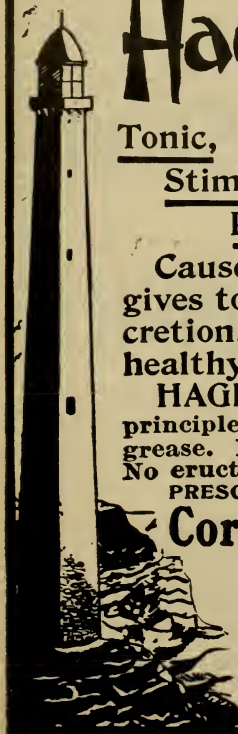

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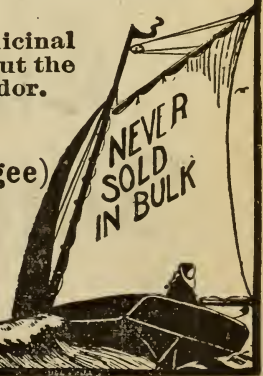

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A baby was born to a patient of mine on April 20th, which was robust and well in every particular except for an ophthalmia. The surroundings being such that the mother could not minister it properly, it was taken to the Eye and Ear Hospital on Livingston street on the 26th. On May 20th, the mother was notified that the baby had been suffering with vomiting and diarrhoea for some time and would probably not live long. It had been unable to retain food for forty hours and was terribly emaciated when I saw it on the night of May 20th, and I did not expect it to live till morning. I ordered a half teaspoonful of fifty per cent. solution of Glyco-Thymoline to be given every hour. The child did not vomit after the first dose, the bowels moved less frequently and at 6 o'clock the next morning it took three ounces of food and retained it. Since then it has been gaining rapidly and is out of danger.

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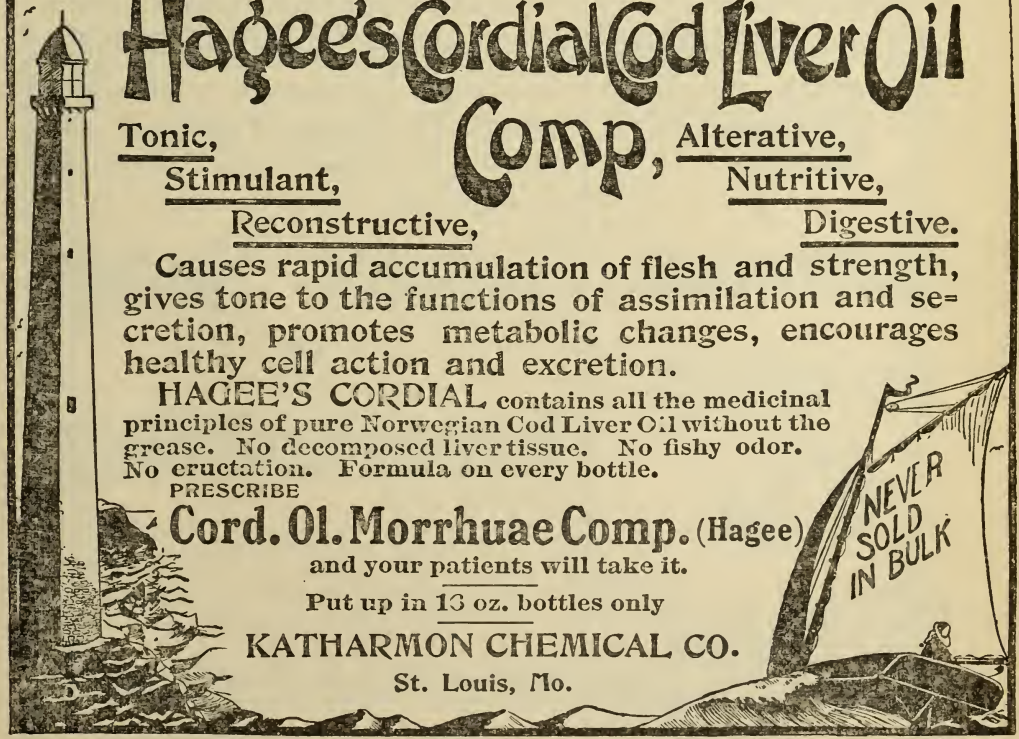

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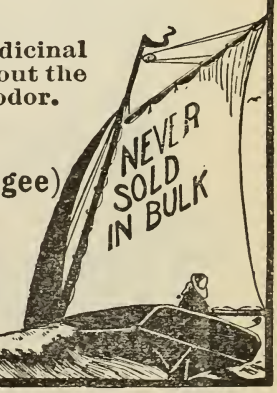

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The Journal

OF

The Kansas Medical Society.

FOR DECEMBER, 1903.

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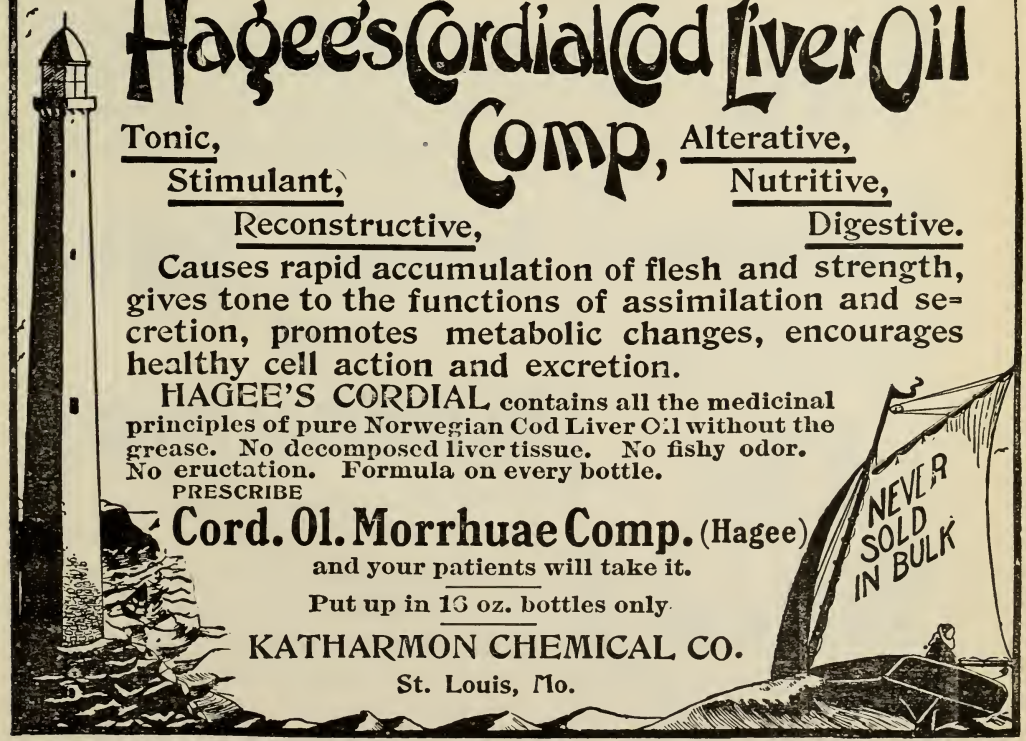

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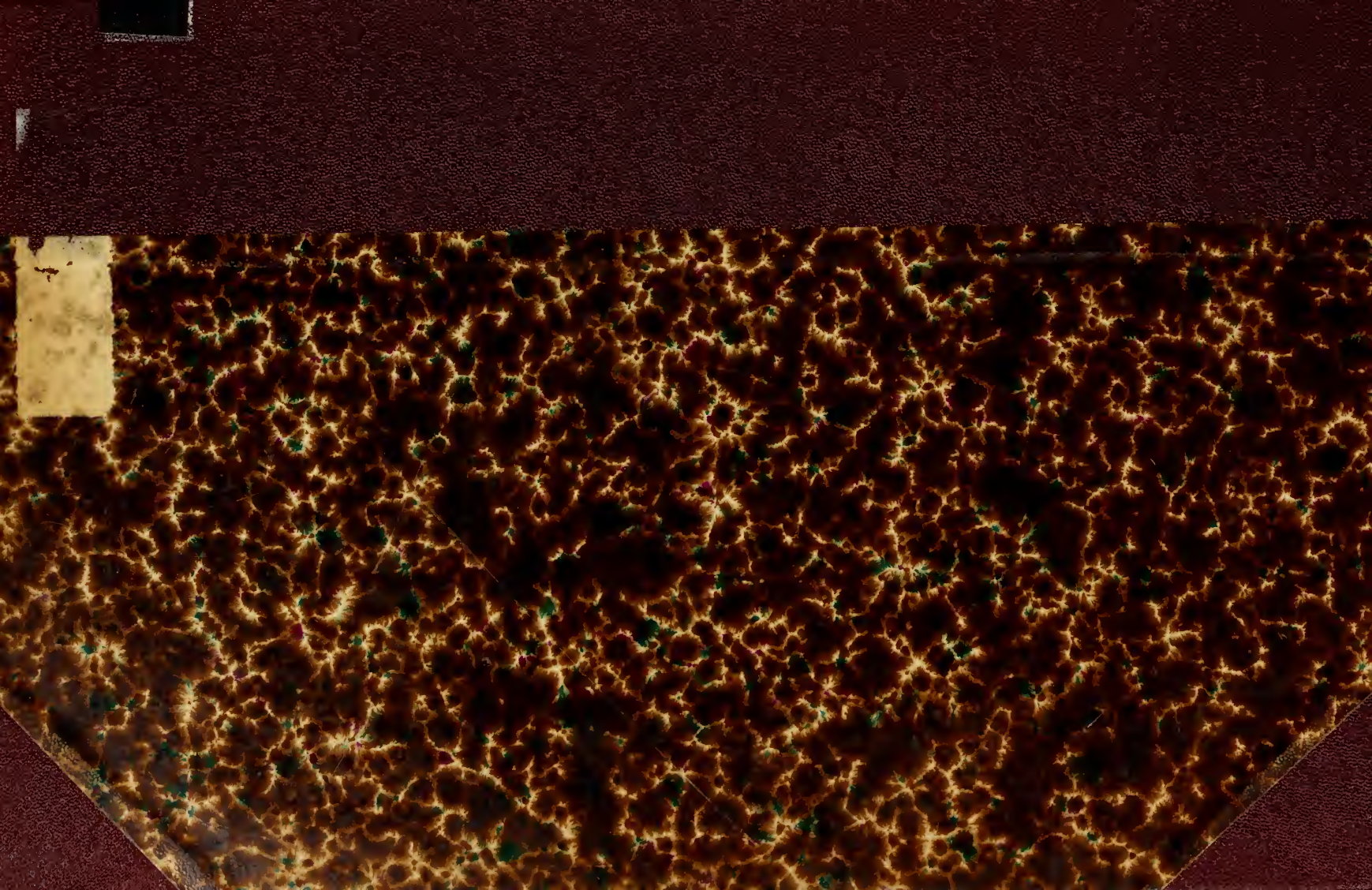
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